

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 392670 1. Entity Name WALKAT, INC.	
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Principal Place of Business 110 LAKE STELLA DR. AUBURNDALE, FL 33823	Mailing Address 110 LAKE STELLA DR. P.O. BOX 605 AUBURNDALE, FL 33823
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1414368	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WRIGHT, MARY K 110 LAKE STELLA DR. AUBURNDALE, FL 33823
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

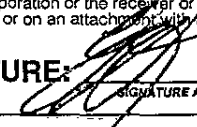
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES W. KERSEY 32803 IVANHOE PLAZA ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST KERSEY, DAVID M. 704 HARDY WAY AUBURNDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERSEY, E. W 110 LAKE STELLA DR. AUBURNDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WRIGHT, MARY K 110 LK STELLA DR. AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/24/05-80002-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **E.W. Kersey Dir.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-17-05 Date 863-967-3500 Daytime Phone #