

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 08:00 AM
Secretary of State

DOCUMENT # 392670

1. Entity Name
WALKAT, INC.



Principal Place of Business
**110 LAKE STELLA DR.
AUBURNDAL, FL 33823**

Mailing Address
**110 LAKE STELLA DR.
AUBURNDAL, FL 33823**



02022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**KERSEY, DAVID M
704 HARDY WAY
AUBURNDAL, FL 33823**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VPD**
NAME **JAMES W. KERSEY**
STREET ADDRESS **32803 IVANHOE PLAZA**
CITY-ST-ZIP **ORLANDO, FL**

TITLE **PD**
NAME **KERSEY, DAVID M.**
STREET ADDRESS **704 HARDY WAY**
CITY-ST-ZIP **AUBURNDAL, FL**

TITLE **D**
NAME **KERSEY, E. W**
STREET ADDRESS **110 LAKE STELLA DR.**
CITY-ST-ZIP **AUBURNDAL, FL**

TITLE **STD**
NAME **WRIGHT, MARY K**
STREET ADDRESS **110 LK STELLA DR.**
CITY-ST-ZIP **AUBURNDAL, FL 33823**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-12-08

Date

863-967-1167

Daytime Phone #