## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## May 12, 2008 8:00 am Secretary of State **DOCUMENT # 428048** 05-12-2008 90035 029 \*\*\*150 00 1. Entity Name WALKER ELECTRIC, INC. Principal Place of Business Mailing Address 13670 SUGAR COWL RD 13670 SUGAR COWL RD MYAKKA CITY, FL 34251 MYAKKA CITY, FL 34251 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 13670 LUGAR 3670 Sugar Suite, Apt. #, etc( Suite, Apt. #, 402 05082008 CR2E034 (12/06) Chq-P Applied For City & State 4. FEI Number City & State 59-1468383 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required MALART 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WALKER ROBERT DUR Street Address (P.O. Box Number is Not Acceptable) 13670 SUGAR BOWL RD MYAKKA CITY, FL. 34251 Zip Code 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, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May 8e In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Change Addition TITLE Delete TITLE WALKER, ROBERT D., JR. NAME NAME 13670 SUGAR BOWL RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MYAKKA CITY, FL 34251 CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE WALKER, ROSE HAME HAME 13670 SUGAR BOWL RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MYAKKA CITY, FL 34251 ☐ Change ☐ Addition ☐ Delete TET) F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE Delete MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TETLE NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 1371 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 In an address, with all other like empowered Tobertlealker 5/8/08

**FILED**