2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90105 037 ***150.00

DOCUMENT # 561905

1. Entity Name
FRANK WALKER HOMES, INC.

Principal Place of Business	Mailing Address
~~415 PALMETTO DRIVE~~ ~~VENICE, FL 34293-5944~~	~~415 PALMETTO DRIVE~~ ~~VENICE, FL 34293-5944~~

04022007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2595 Nanette Lane	B.M.H. Baillie & Assoc., Inc
Suite, Apt. #, etc	Suite, Apt. #, etc: 1500 NE 51 Street
City & State: North Port, FL	City & State: Fort Lauderdale, FL
Zip: 34286 Country: USA	Zip: 33334 Country: USA

4. FEI Number: 65-0107085 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JESSEE, ROGER
~~415 PALMETTO DRIVE~~ 2595 Nanette Lane
~~VENICE, FL 34293-5944~~ North Port, FL 34286

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ______________________
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JESSEE, ROGER ~~415 PALMETTO DRIVE~~ 2595 Nanette Lane ~~VENICE, FL 342935844~~ North Port, FL 34286 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] President 4/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #