

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 674480

1. Entity Name
WALKER COMPANY, INC.



Principal Place of Business
1570 CARIBBEAN RD
SEBRING, FL 33872 US

Mailing Address
1570 CARIBBEAN RD
SEBRING, FL 33872 US



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2009705	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALKER, ROBERT T
1570 CARIBBEAN RD
SEBRING, FL 33872

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 *Robert T Walker*
Signature, typed or printed name of registered agent and title if applicable

4-13-06
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP WALKER, ROBERT T 1570 CARIBBEAN RD SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ROBINSON, VIRGINIA M. 1570 CARIBBEAN RD SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D TIERNEY, PHYLLIS A 1570 CARIBBEAN RD SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WALKER, JEAN E. 1570 CARIBBEAN RD SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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 04/23/06-80179-007 150.00

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert T Walker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-06
DATE
863-314-0
Daytime Phone #