


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90047 048 \*\*\*150.00

**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**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

01222007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-2009705**

Applied For  
 Not Applicable

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

40028977



6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WALKER, ROBERT T 1570 CARIBBEAN RD SEBRING, FL 33872				Name: <b>JEAN E. WALKER</b>			
				Street Address (P.O. Box Number is Not Acceptable)			
				<b>1570 CARIBBEAN RD</b>			
				City: <b>SEBRING</b>		State: <b>FL</b>	

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: Jean E. Walker, President - JEAN E. WALKER DATE: 3-1-07

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

**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	DP	<input checked="" type="checkbox"/> Delete		TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALKER, ROBERT T			NAME	JEAN E. WALKER		
STREET ADDRESS	1570 CARIBBEAN RD			STREET ADDRESS	1570 CARIBBEAN RD		
CITY-ST-ZIP	SEBRING, FL 33872			CITY-ST-ZIP	SEBRING, FL 33872		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBINSON, VIRGINIA M.			NAME			
STREET ADDRESS	1570 CARIBBEAN RD			STREET ADDRESS			
CITY-ST-ZIP	SEBRING, FL 33875			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TIERNEY, PHYLLIS A			NAME			
STREET ADDRESS	1570 CARIBBEAN RD			STREET ADDRESS			
CITY-ST-ZIP	SEBRING, FL 33872			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALKER, JEAN E.			NAME			
STREET ADDRESS	1570 CARIBBEAN RD			STREET ADDRESS			
CITY-ST-ZIP	SEBRING, FL 33872			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jean E. Walker, DP JEAN E. WALKER DATE: 3-1-07 DAYTIME PHONE: 863-314-0755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR