



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 15, 2007 08:00 AM

Secretary of State

<b>DOCUMENT # 681075</b>			
1. Entity Name <b>BOB WALKER INDUSTRIES, INC.</b> No virus found in this incoming message. Checked by AVG Free Edition.			
Print Version of Public / Virus Database: 2007-04-06-674 - Release Date: 2/7/07 411 KENTWOOD AVE SANFORD, FL 32771 US			
411 KENTWOOD AVE SANFORD, FL 32771 US			
<b>DO NOT WRITE IN THIS SPACE</b>		02092007 No Chg-P CR2E034 (11/05)	
8. Name and Address of Current Registered Agent  WALKER, ROBERT J 411 KENTWOOD AVE SANFORD, FL 32771		<b>DO NOT WRITE IN THIS SPACE</b>	
		4. FEI Number <b>59-2030877</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.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
		SIGNATURE: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$850.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, ROBERT J. 411 KENTWOOD AVE SANFORD, FL 32771		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WALKER, MARY E. 411 KENTWOOD AVE SANFORD, FL 32771		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000667311 03/26/07-80023-012 150.00  <b>DO NOT WRITE IN THIS SPACE</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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.			
<b>SIGNATURE:</b> <i>Robert J. Walker</i> <b>ROBERT J. WALKER</b> <i>President</i>		Date: <i>Mar 12, 2007</i> Daytime Phone #: <i>407 328 8005</i>	