

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04389

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: WALKER FURNITURE, INC.

**Current Principal Place of Business:**

113 NORTHWEST EIGHTH AVENUE  
C/O BENNY L. WALKER  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

113 NORTHWEST EIGHTH AVENUE  
C/O BENNY L. WALKER  
GAINESVILLE, FL 32601

**New Mailing Address:**

FEI Number: 59-2033588      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALKER, BENNY L.  
113 NORTHWEST EIGHTH AVENUE  
GAINESVILLE, FL 32601      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDC ( ) Delete  
Name: WALKER, BENNY L.  
Address: 113 N.W. 8TH AVE.  
City-St-Zip: GAINESVILLE, FL

Title: VD ( ) Delete  
Name: WALKER, ANNE O.  
Address: 113 N.W. 8TH AVE.  
City-St-Zip: GAINESVILLE, FL

Title: TD ( ) Delete  
Name: SMITH, MYRTICE WALKER  
Address: 113 NW 8TH AVE.  
City-St-Zip: GAINESVILLE, FL

Title: SD ( ) Delete  
Name: WALKER, MARY KATE  
Address: 113 NW 8TH AVE.  
City-St-Zip: GAINESVILLE, FL

Title: D ( ) Delete  
Name: SMITH, JEFFREY MAX  
Address: 113 NW 8TH AVE.  
City-St-Zip: GAINESVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRTICE WALKER SMITH

TD

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date