

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F94000001843**

1. Entity Name

WALKEM DEVELOPMENT COMPANY OF KNOXVILLE, INC.



Principal Place of Business

8700 TRAIL LAKE DR WEST  
300  
MEMPHIS TN 38125

Mailing Address

8700 TRAIL LAKE DR WEST  
300  
MEMPHIS TN 38125



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **62-1016071**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOWER, BRIAN  
ORANGE LAKE COUNTRY CLUB  
8505 W. IRLO BRANSON MEMORIAL HWY  
KISSIMMEE FL 34747

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WILSON, SPENCE	
STREET ADDRESS	8700 TRAIL LAKE DRIVE WEST, STE 300	
CITY- ST- ZIP	MEMPHIS TN 38125	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILSON, C K JR	
STREET ADDRESS	8700 TRAIL LAKE DRIVE WEST, STE 300	
CITY- ST- ZIP	MEMPHIS TN 38125	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, ROBERT	
STREET ADDRESS	8700 TRAIL LAKE DRIVE WEST, STE 300	
CITY- ST- ZIP	MEMPHIS TN 38125	
TITLE	V	<input type="checkbox"/> Delete
NAME	BATT, WILLIAM	
STREET ADDRESS	8700 TRAIL LAKE DRIVE WEST, STE 300	
CITY- ST- ZIP	MEMPHIS TN 38125	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCLAIN, GARY	
STREET ADDRESS	8700 TRAIL LAKE DR W STE 300	
CITY- ST- ZIP	MEMPHIS TN 38125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000639635	
STREET ADDRESS	04/13/07-80050-013 150.00	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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:

*Gary M. McClain*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sec.*

*4/2/07*

*901-507-0594*

Date

Daytime Phone #