2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 18, 2008 08:00 A Secretary of State **DOCUMENT # G89322** 1. Entity Name WALKER TOOL AND MOLD, INC. Mailing Address Principal Place of Business 3146 EDGEMOOR DR 3146 EDGEMOOR DR PALM HARBOR, FL 34685 PALM HARBOR, FL 34685 US CR2E034 (11/05) 04162008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2380056 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALKER, ALVIN M. DO NOT WRITE 3146 EDGEMOOR DR PALM HARBOR, FL 34684 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS **PST** TITLE WALKER, ALVIN M. NAME 3146 EDGEMOOR DR STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34685 U000000905762 NAME 05/01/08-80064-020 150.00 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-08 771-089

Daytime Phone (

FILED