


# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # G89322</b> 1. Entity Name WALKER TOOL AND MOLD, INC.	
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Principal Place of Business 3146 EDGEMOOR DR PALM HARBOR, FL 34685 US	Mailing Address 3146 EDGEMOOR DR PALM HARBOR, FL 34685 US
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DO NOT WRITE IN THIS SPACE

FILED

09 APR 14 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04012009 No Chg-P CR2E034 (11/08)

4. FEI Number 59-2380056	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

WALKER, ALVIN M. *PATRICIA G. WALKER*  
 3146 EDGEMOOR DR  
 PALM HARBOR, FL 34684

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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: *Patricia G. Walker* **PATRICIA G. WALKER** *4-01-09*  
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, 2009 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME	PST <del>WALKER, ALVIN M.</del> <i>PATRICIA G. WALKER</i>
STREET ADDRESS CITY-ST-ZIP	3146 EDGEMOOR DR PALM HARBOR, FL 34685
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

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600149765796  
04/14/09--01002--020 \*\*158.75

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: *Patricia G. Walker* **PATRICIA G. WALKER** *4-01-09* (727) 771-0897  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/14/09