

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H62850

FILED
Jan 15, 2006
Secretary of State

Entity Name: FRANK WALKER INSURANCE AGENCY, INC.

Current Principal Place of Business:

423 NE RACETRACK ROAD
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

423 NE RACETRACK ROAD
FORT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 59-2554000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, FRANK
423 NE RACETRACK RD
FORT WALTON BEACH, FL 32547 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: DP () Delete
Name: WALKER, JOSEPH F
Address: TWIN BAY VIEW
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D (X) Delete
Name: WALKER, SANDRA S
Address: TWIN BAY VIEW
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WALKER, JOSEPH F
Address: 423 NE RACETRACK RD
City-St-Zip: FORT WALTON BEACH, FL 32547

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

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK WALKER

PRES

01/15/2006

Electronic Signature of Signing Officer or Director

Date