

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H62850

FILED  
Mar 09, 2010  
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 PRES  
423 NE RACETRACK RD  
FORT WALTON BEACH, FL 32547 US

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

WALKER, FRANK F PRES  
423 NE RACETRACK RD  
FORT WALTON BEACH, FL 32547 US

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: FRANK WALKER

03/09/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: WALKER, JOSEPH F FRANK  
Address: 423 NE RACETRACK RD  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: P  
Name: WALKER, FRANK F FRANK  
Address: 423 NE RACETRACK RD  
City-St-Zip: FT WALTON BCH, FL 32547 US

I hereby 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 all other like empowered.

SIGNATURE: FRANK WALKER

PRES

03/09/2010

Electronic Signature of Signing Officer or Director

Date