

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H62850

FILED  
Feb 21, 2012  
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 F PRES  
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

**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

02/21/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date