2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J26673

1. Entity Name
DAVID WALKER, P.A.

Principal Place of Business	Mailing Address
2207 S KANNER HWY	2207 S KANNER HWY
STUART, FL 34994 US	STUART, FL 34994 US

DO NOT WRITE IN THIS SPACE

04112008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2703500	Not Applicable

5. Certificate of Status Desired   ☑   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
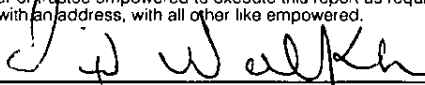
WALKER, DAVID
2207 S KANNER HWY
SUITE 307
STUART, FL 33497

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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)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALKER, DAVID
STREET ADDRESS	2207 S KANNER HWY
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/08-80057-015 159.75

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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: _____   4/11/08   772-286-8686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #