

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J74164

FILED
Mar 04, 2005
Secretary of State

Entity Name: GARY WALKER & ASSOCIATES, INC.

Current Principal Place of Business:

% THOMAS GARY WALKER
106 COMMERCE WAY, SUITE B-9
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

% THOMAS GARY WALKER
106 COMMERCE WAY, SUITE B-9
JUPITER, FL 33458

New Mailing Address:

FEI Number: 59-2807605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, THOMAS GARY
106 COMMERCE WAY, SUITE B-9
JUPITER, FL 33458 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: DPS () Delete
Name: WALKER, THOMAS GARY,
Address: 6136 EAGLE'S NEST DR
City-St-Zip: JUPITER, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: WALKER, PATRICIA T
Address: 6136 EAGLE'S NEST DR
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATRICIA T. WALKER

VP

03/04/2005

Electronic Signature of Signing Officer or Director

_____ Date