

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90108 002 \*\*\*150.00

**DOCUMENT # K72598**

1. Entity Name

WALKER BROS. CLEANING SERVICES, INC.



Principal Place of Business

1655 NW FEDERAL HWY  
STUART, FL 34994 US

Mailing Address

1655 NW FEDERAL HWY  
STUART, FL 34994 US



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0117884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

WALKER, CHARLES A., JR.  
1655 NW FEDERAL HWY  
STUART, FL 34994

**DO NOT WRITE  
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME WALKER, CHARLES A., JR.  
STREET ADDRESS 3655 NW DEER OAK DRIVE  
CITY - ST - ZIP ~~STUART, FL 34957~~ **JENSEN BEACH**

TITLE V  
NAME WALKER, KEVIN A.  
STREET ADDRESS 2992 ADMIRAL STREET  
CITY - ST - ZIP FT. PIERCE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/28/06**

**7726929970**