

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K95410

**FILED
Feb 18, 2005
Secretary of State**

Entity Name: THEODORE D. WALKER & COMPANY

Current Principal Place of Business:

P. O. BOX 705
3283 OLD DIXIE HIGHWAY
MIMS, FL 32754

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 705
3283 OLD DIXIE HIGHWAY
MIMS, FL 32754

New Mailing Address:

FEI Number: 59-3003391 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOLSTE, CHARLES L.
3855 COTTONWOOD LANE
TITUSVILLE, FL 32780 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: P () Delete
Name: WALKER, THEODORE D
Address: P. O. BOX 705, 3283 OLD DIXIE HWY.
City-St-Zip: MIMS, FL

Title: ST (X) Delete
Name: WALKER, CAROL,
Address: P. O. BOX 705, 3283 OLD DIXIE HWY.
City-St-Zip: MIMS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: THEODORE D WALKER

P

02/18/2005

Electronic Signature of Signing Officer or Director

_____ Date