


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # L81223 1. Entity Name WALKERS' FINAMART, INC.		
Principal Place of Business 9495 WAUKEENAH HIGHWAY MONTICELLO, FL 32344	Mailing Address 9495 WAUKEENAH HIGHWAY MONTICELLO, FL 32344	



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3012426	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WALKER, WAYNE 9495 WAUKEENAH HIGHWAY MONTICELLO, FL 32344
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**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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

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

U00000850605
03/25/08-80006-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, WAYNE 9495 WAUKEENAH HIGHWAY MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, JEFFREY WAYNE 9495 WAUKEENAH HIGHWAY MONTICELLO, FL 32344
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**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 #