


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90024 040 ****61.25

DOCUMENT # N94000005221						
1. Entity Name WALKER INFORMATION AND EDUCATIONAL INSTITUTE, INC.						
Principal Place of Business 1124 SW 6TH AVENUE OCALA, FL 34474 US			Mailing Address P.O. BOX 6090 OCALA, FL 34478 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 1775				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State Gainesville, FL				
Zip	Country	Zip 32601	Country U.S.	4. FEI Number 59-3289722		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WALKER, SCOTT S 527 E. UNIVERSITY AVE. GAINESVILLE, FL 23602			7. Name and Address of New Registered Agent			
Name			Street Address (P.O. Box Number is Not Acceptable)			
City			FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D	NAME WALKER, KEITH E		<input checked="" type="checkbox"/> Delete	TITLE P	NAME Walker, Stuart Scott	
STREET ADDRESS 1124 SW 6TH AVENUE	CITY-ST-ZIP OCALA, FL 34474		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 527 East University Ave	CITY-ST-ZIP Gainesville, FL 32601	
TITLE D	NAME MILLER, IRA		<input type="checkbox"/> Delete	TITLE D	NAME RUGGIERO, JOSEPH	
STREET ADDRESS 1124 SW 6TH AVENUE	CITY-ST-ZIP OCALA, FL 34474		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 1124 SW 6TH AVENUE	CITY-ST-ZIP OCALA, FL 34474	
TITLE D	NAME RUGGIERO, JOSEPH		<input type="checkbox"/> Delete	TITLE D	NAME RUGGIERO, JOSEPH	
STREET ADDRESS 1124 SW 6TH AVENUE	CITY-ST-ZIP OCALA, FL 34474		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 1124 SW 6TH AVENUE	CITY-ST-ZIP OCALA, FL 34474	
TITLE D	NAME RUGGIERO, JOSEPH		<input type="checkbox"/> Delete	TITLE D	NAME RUGGIERO, JOSEPH	
STREET ADDRESS 1124 SW 6TH AVENUE	CITY-ST-ZIP OCALA, FL 34474		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 1124 SW 6TH AVENUE	CITY-ST-ZIP OCALA, FL 34474	
TITLE D	NAME RUGGIERO, JOSEPH		<input type="checkbox"/> Delete	TITLE D	NAME RUGGIERO, JOSEPH	
STREET ADDRESS 1124 SW 6TH AVENUE	CITY-ST-ZIP OCALA, FL 34474		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 1124 SW 6TH AVENUE	CITY-ST-ZIP OCALA, FL 34474	
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 617, 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: <i>Stuart Scott Walker</i>			January 29, 2008 (352) 372-1282			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						