

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90468 033 \*\*\*150.00

**60032468**



03302006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P0000001374</b>				
1. Entity Name HOLLIS R. WALKER, INC.				
Principal Place of Business 3510 OLD TAMPA HWY LAKELAND, FL 33811		Mailing Address 11225 OLD DADE CITY RD. LAKELAND, FL 33810		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3620249
				Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
WALKER, HOLLIS R 11225 OLD DADE CITY RD. LAKELAND, FL 33810			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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____				
Signature, typed or printed name of registered agent and title if applicable.				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, HOLLIS R		NAME	
STREET ADDRESS	11225 OLD DADE CITY RD		STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33810		CITY-ST-ZIP	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, ELMA J		NAME	
STREET ADDRESS	11225 OLD DADE CITY RD		STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33810		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, ROBERT T		NAME	
STREET ADDRESS	9215 TOM MOORE RD		STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33809		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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: <i>Hollis R. Walker</i>		Hollis R. WALKER 4-27-06 863-687-0517		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #		