


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90033 039 \*\*\*150.00

<b>DOCUMENT # P01000008833</b> 1. Entity Name <b>WALKER POOLS, INC.</b>	
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Principal Place of Business <b>23335 SUNSET VIEW</b> <b>SORRENTO, FL 32776</b>	Mailing Address <b>4855 Hwy 19A</b> <b>Mt. Dora, FL</b> <b>32757</b>	<b>23335 SUNSET VIEW</b> <b>SORRENTO, FL 32776</b>
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**44012162**

01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3694864</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>WALKER, ROBIN A</b> <b>23335 SUNSET VIEW</b> <b>SORRENTO, FL 32776</b>		<b>4855 Hwy 19A</b> <b>Mt. Dora, FL 32757</b>
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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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
D	WALKER, SHERMAN L III 23335 SUNSET VIEW SORRENTO, FL 32776
D	WALKER, ROBIN A 23335 SUNSET VIEW SORRENTO, FL 32776

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

**2/18/04**

**352-483-7665**

Date Daytime Phone #