

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL
AND
FILED

05 APR 18 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000036041

1. Entity Name
WALKER WOODS, INC.



Principal Place of Business
~~129 ROBIN ROAD~~
ALTAMONTE SPRINGS, FL 32701

Mailing Address
POST OFFICE BOX 4691
ORLANDO, FL 32802



2. Principal Place of Business
217 Robin Road

Suite, Apt # etc

3. Mailing Address
Suite, Apt #, etc

01102005 Chg-P CR2E034 (10/03)

MRS

City & State

City & State

4. FEI Number
59-3719779

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLA INC
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO, FL 32801

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME PEPPER, DONNA D ☐ Delete
STREET ADDRESS ~~129 ROBIN ROAD~~
CITY - ST - ZIP ALTAMONTE SPRINGS, FL 32701

TITLE
NAME *217 Robin Road* ☒ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE PST
NAME PEPPER, DONNA D ☐ Delete
STREET ADDRESS ~~129 ROBIN ROAD~~
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STREET ADDRESS
CITY - ST - ZIP

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

1-20-05

Date

407.599.9998

Daytime Phone #