


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P01000062959 |  |
| 1. Entity Name WALKER'S AUTOMOTIVE AND SALES, INC. | |

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| Principal Place of Business 4045 LENOX AVE JACKSONVILLE, FL 32254 | Mailing Address 4045 LENOX AVE JACKSONVILLE, FL 32254 |
|---|---|

DO NOT WRITE IN THIS SPACE



03142007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 27-0008420 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**WALKER, WILLIE M
4045 LENOX AVE
JACKSONVILLE, FL 32254**

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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALKER, WILLIE M 4045 LENOX AVE JACKSONVILLE, FL 32254 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WALKER, DOUGLAS M JR 13821 PANTHER RD JACKSONVILLE, FL 32234 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WALKER, WILLIE M 13837 PANTHER RD JACKSONVILLE, FL 32234 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/02/07-80022-011 150.00

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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: Willie M. Walker **Willie M. Walker** 3/23/07 904-388-2878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #