

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000062959**

1. Entity Name  
**WALKER'S AUTOMOTIVE AND SALES, INC.**



Principal Place of Business  
**4045 LENOX AVE  
JACKSONVILLE, FL 32254**

Mailing Address  
**4045 LENOX AVE  
JACKSONVILLE, FL 32254**



01112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**27-0008420**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

1000000857503  
04/01/08-80007-010 158.75

**DO NOT WRITE  
IN THIS SPACE**

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-08  
Date

904-388-2878  
Daytime Phone #