

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000088154

FILED
Mar 16, 2004
Secretary of State

Entity Name: THE WALKER CONTRACTING GROUP, INC.

Current Principal Place of Business:

3551 WESTVIEW DRIVE
#203
NAPLES,, FL 34104

New Principal Place of Business:

Current Mailing Address:

4501 TAMIAMI TRAIL NORTH
SUITE 300
NAPLES,, FL 34103

New Mailing Address:

3551 WESTVIEW DRIVE
SUITE 203
NAPLES,, FL 34103

FEI Number: 59-3748586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAPLES-LAWDOCK, INC.
C/O QUARLES AND BRADY, LLP
4501 TAMIAMI TRAIL NORTH, SUITE 300
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

WALKER, MICHAEL K
3551 WESTVIEW DRIVE
SUITE 203
NAPLES, FL 34103 US

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.

SIGNATURE: MICHAEL K. WALKER

03/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TS () Delete
Name: MIXTER, ELIZABETH
Address: 3551 WESTVIEW DRIVE, SUITE 203
City-St-Zip: NAPLES, FL 34104

Title: DP () Delete
Name: WALKER, MICHAEL
Address: 3551 WESTVIEW DRIVE, SUITE 203
City-St-Zip: NAPLES, FL 34104

Title: DVP () Delete
Name: GOLDEN, WILLIAM
Address: 3551 WESTVIEW DRIVE, SUITE 203
City-St-Zip: NAPLES, FL 34104

Title: VP () Delete
Name: HAMILTON, CHARLES C
Address: 3551 WESTVIEW DRIVE, SUITE 203
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH S. MIXTER

TS

03/16/2004

Electronic Signature of Signing Officer or Director

Date