2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000037457

1. Entity Name
JAN WALKER, REALTOR, INC.

Principal Place of Business	Mailing Address
147 WEST LYMAN	147 WEST LYMAN
WINTER PARK, FL 32789 US	WINTER PARK, FL 32789 US

DO NOT WRITE IN THIS SPACE

01122005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
20-0001744	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, JAN
147 WEST LYMAN
WINTER PARK, FL 32789

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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 _Walker, Jan_   _President_   _1/18/05_

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	
TITLE	P/VP	
NAME	WALKER, JAN	
STREET ADDRESS	147 WEST LYMAN	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	
NAME	WALKER, JAN	
STREET ADDRESS	147 WEST LYMAN	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		
NAME		
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CITY-ST-ZIP		

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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: _M. Jan Walker 1/18/05 407-629-8881_

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