

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90274 026 \*\*\*150.00

**14010525**



03232005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000063190</b> 1. Entity Name <b>WALKER &amp; SONS FARMS, INC. II</b>					
Principal Place of Business <b>3343 PETER BROWN LANE MONTICELLO, FL 32344</b>			Mailing Address <b>3343 PETER BROWN LANE MONTICELLO, FL 32344</b>		
2. Principal Place of Business <b>2349 Ashville Hwy.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2349 Ashville Hwy.</b> Suite, Apt. #, etc.			
City & State <b>Monticello FL</b>		City & State <b>Monticello FL</b>		4. FEI Number <b>02-0694130</b>	
Zip <b>32344</b>		Country <b>Jefferson</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WALKER, FRANCES H 3343 PETER BROWN LANE MONTICELLO, FL 32344</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WALKER, ULYSSES 3317 PETER BROWN LANE MONTICELLO, FL 32344</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WALKER, ROBERT D 3343 WAUKEENAH HWY. MONTICELLO, FL 32344</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WALKER, RONALD P 3314 PETER BROWN LANE TALLAHASSEE, FL 32344</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3314 Peter Brown Lane Monticello, FL 32344</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WALKER, FRANCES H 3317 PETER BROWN LANE MONTICELLO, FL 32344</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WALKER, WILLIAM K 3401 PETER BROWN LANE MONTICELLO, FL 32344</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <u>Robert Douglas Walker</u> 4-26-05 850-997-1113</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					