## 2006 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Apr 14, 2006 08:00 AN Secretary of State DOCUMENT # P03000096693 1. Entity-lame WALKER CONTRACTING, INC. Principal Place of Business Mailing Address 823 16TH LANE P.O. BOX 442 PALM HARBOR, FL 34682 PALM HARBOR, FL 34683 01232006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0198351 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALKER, STEVEN L DO NOT WRITE 823 16TH LANE PALM HARBOR, FL 34683 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, **PSD** TITLE WALKER, STEVEN L NAME STREET ADDRESS 823 16TH LANE CITY-ST-ZIP PALM HARBOR, FL 34683 U00000510185 04/28/06-80074-006 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP HANAF STREET ADDRESS CITY-ST-7IP साहा

I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver or truetee empowered to execute that report is 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 appears, with all other like empowered.

NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR