

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2005 8:00 am**  
**Secretary of State**

01-19-2005 90002 040 \*\*\*158.75

<b>DOCUMENT # P03000126844</b> 1. Entity Name <b>ARTHUR WALKER CONSTRUCTION, INC.</b>					
Principal Place of Business <b>4316 SE 16TH PLACE CAPE CORAL, FL 33904</b>			Mailing Address <b>4316 SE 16TH PLACE CAPE CORAL, FL 33904</b>		
2. Principal Place of Business <b>5625 Youngquist Rd. Suite, Apt. #, etc. #22</b>			3. Mailing Address <b>2323 Del Prado Blvd Suite, Apt. #, etc. #7-162</b>		
City & State <b>Fort Myers, FL</b>			City & State <b>Cape Coral, FL</b>		
Zip <b>33912</b>		Country <b>US</b>		Zip <b>33990</b>	
Country <b>US</b>		4. FEI Number <b>APPLIED FOR 55-085985</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>WALKER, ARTHUR 4316 SE 16TH PLACE CAPE CORAL, FL 33904</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 <b>D</b>	<input type="checkbox"/> Delete <b>WALKER, ARTHUR</b>		TITLE <b>President &amp; Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>WALKER, ARTHUR</b>	STREET ADDRESS <b>4316 SE 16TH PLACE</b>		NAME <b>Walker, Arthur</b>	STREET ADDRESS <b>4316 SE 16th Place</b>	
CITY-ST-ZIP <b>CAPE CORAL, FL 33904</b>			CITY-ST-ZIP <b>Cape Coral, FL 33904</b>		
TITLE 	<input type="checkbox"/> Delete		TITLE <b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME 	STREET ADDRESS 		NAME <b>Patricia Walker</b>	STREET ADDRESS <b>4316 SE 16th Place</b>	
CITY-ST-ZIP 			CITY-ST-ZIP <b>Cape Coral, FL 33904</b>		
TITLE 	<input type="checkbox"/> Delete		TITLE <b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME 	STREET ADDRESS 		NAME <b>Misti St. Pierre</b>	STREET ADDRESS <b>151 SE 5th Street</b>	
CITY-ST-ZIP 			CITY-ST-ZIP <b>Cape Coral, FL 33990</b>		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 	STREET ADDRESS 		NAME 	STREET ADDRESS 	
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 	STREET ADDRESS 		NAME 	STREET ADDRESS 	
CITY-ST-ZIP 			CITY-ST-ZIP 		
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:</b>			<b>1/13/05 239-432-9799</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR			Date Daytime Phone #		