


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000073361
 1. Entity Name
 WALKER ART DEPT., INC.



Principal Place of Business 1345 4TH AVE NORTH JACKSONVILLE BEACH, FL 32250	Mailing Address 1345 4TH AVE NORTH JACKSONVILLE BEACH, FL 32250
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02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1089665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 STEPHEN E. TILLEY, P.A., CPA'S
 4465 BAYMEADOWS RD.
 STE. 3
 JACKSONVILLE, FL 32217

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000661540
 03/20/07-80044-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALKER, DAVID A 1345 4TH AVE NORTH JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALKER, SANDRA K 1345 4TH AVE NORTH JACKSONVILLE BEACH, FL 32250
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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 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: David Walker 3/2/07 904 343 4484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #