

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000113449

1. Entity Name
WALKER & SON PRESSURE CLEANING AND PAINTING,
INC.



FILED

06 AUG -2 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1543305

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOULOS, FELECIA
12767 TURTLE LAKE LANE
JACKSONVILLE, FL 32246

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALKER, LARRY O
STREET ADDRESS	80 WALKER LANE
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	D
NAME	WALKER, LARRY O JR.
STREET ADDRESS	80 WALKER LANE
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	D
NAME	WALKER, SHERRY A
STREET ADDRESS	80 WALKER LANE
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400078380774
08/04/06--01043--023 **150.00

**DO NOT WRITE
IN THIS SPACE**

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: Sherry A Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/26/06 863-4654210
Date Daytime Phone #

28/3



FLORIDA DEPARTMENT OF STATE
Secretary of State
Sue M. Cobb
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

First-Class Mail
U.S. Postage
PAID
State of Florida
84321

NOTICE OF INTENT TO DISSOLVE

0293988 01 AT 0.193 **AUTO T2 0 1203 33852-719280



WALKER & SON PRESSURE CLEANING AND PAINTING,
INC.
80 WALKER LANE
LAKE PLACID FL 33852-7192

Dear Sir,
This is the only notice that
I received. Thank-You

*** DO NOT SEND A CHECK WITH THE POSTCARD, IT WILL DELAY PROCESSING ***

OPTION 3 - *Receive a form by mail* - Allow up to 28 days total processing time.

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document #

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WALKER & SON PRESSURE CLEANING AND PAINTING,
INC.
80 WALKER LANE
LAKE PLACID FL 33852-7192

Note: This is not a change
to the address of record.



TO OPEN: FOLD AND TEAR ALONG PERFORATION, THEN PULL APART.

2006
CR2E095 - 2nd 4/06