

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000139817

FILED
Feb 21, 2005
Secretary of State

Entity Name: WALKER LAND DEVELOPMENT INC

Current Principal Place of Business:

353 BELL CIRCLE
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

353 BELL CIRCLE
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 74-3131468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY RD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

WALKER, CHARLES M PRES
353 BELL CIRCLE
LYNN HAVEN,, FL 32444 US

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.

SIGNATURE: CHARLES M. WALKER

02/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALKER, CHARLES M
Address: 353 BELL CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444

Title: T () Delete
Name: WALKER, ALVINA I
Address: 353 BELL CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES M. WALKER

PRES

02/21/2005

Electronic Signature of Signing Officer or Director

Date