## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000073713

**Entity Name: WALKER FARMS INC** 

FILED Apr 05, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2503 NE SAGE RD 9196 CR 405

MAYO, FL 32066 BRANFORD, FL 32008

**Current Mailing Address: New Mailing Address:** 

2503 NE SAGE RD 9196 CR 405

MAYO, FL 32066 BRANFORD, FL 32008

FEI Number: 20-2847963 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COULTHURST, BARBARA 172 W MAIN ST. MAYO, FL 32066 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: BARBARA COULTHURST

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

WALKER, BENJAMIN T WALKER, BENJAMIN T Name: Name: 9196 CR 405

2503 NE SAGE RD Address: Address: City-St-Zip: MAYO, FL 32066 City-St-Zip: BRANFORD, FL 32008

Title: ٧S Title: ٧S () Delete (X) Change ( ) Addition WALKER, CHERI L Name: Name: WALKER, CHERI L

2503 NE SAGE RD 9196 CR 405 Address: Address: MAYO, FL 32066 BRANFORD, FL 32008 City-St-Zip: City-St-Zip:

Title: Title: DIR

( ) Delete ( ) Change (X) Addition Name: WALKER, MATTHEW W Name:

9196 CR 405 Address: Address:

City-St-Zip: City-St-Zip: BRANFORD, FL 32008

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CHERI LYNN WALKER VS 04/05/2007