

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 04, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000128557**

1. Entity Name  
**WALKER'S RESTORATION & CLEANING, INC.**



Principal Place of Business  
**4408 EVERGREEN FOREST LOOP  
KISSIMMEE, FL 34758**

Mailing Address  
**4408 EVERGREEN FOREST LOOP  
KISSIMMEE, FL 34758**



05092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3489665**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WALKER, EGBERT  
4408 EVERGREEN FOREST LOOP  
KISSIMMEE, FL 34758**

**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

*EGBERT WALKER*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*5/13/07*  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WALKER, EGBERT
STREET ADDRESS	4408 EVERGREEN FOREST LOOP
CITY - ST - ZIP	KISSIMMEE, FL 34758
TITLE	VP
NAME	WALKER, CAROL R
STREET ADDRESS	4408 EVERGREEN FOREST LOOP
CITY - ST - ZIP	KISSIMMEE, FL 34758
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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06/04/07-80002-001 150.00

**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

*EGBERT WALKER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #