


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**


04-30-2007 90450 039 \*\*\*150.00

<b>DOCUMENT # P05000143515</b> 1. Entity Name WALKER'S TRACTOR WORK, INC.	
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Principal Place of Business 5025 LAKE BUFFUM RD LAKE WALES, FL 33859	Mailing Address 5025 LAKE BUFFUM RD LAKE WALES, FL 33859
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**DO NOT WRITE IN THIS SPACE**

40091100



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3629949	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  WALKER, STEVE 5025 LAKE BUFFUM RD LAKE WALES, FL 33859	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

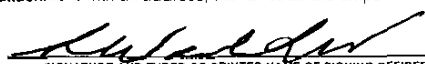
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALKER, STEVE 5025 LAKE BUFFUM RD LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WALKER, DANA 5025 LAKE BUFFUM RD LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WALKER, DANA 5025 LAKE BUFFUM RD LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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:**  **4/25/07 863528-0249**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #