

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90409 025 \*\*\*150.00

DOCUMENT # P06000136252

1. Entity Name

WALKER L & O PEST CONTROL, INC.



Principal Place of Business

4652 NAFTIS LANE  
NEW PORT RICHEY FL 34652  
US

Mailing Address

4652 NAFTIS LANE  
NEW PORT RICHEY FL 34652  
US



2. Principal Place of Business - No P.O. Box #

4652 Naftis Ln  
Suite, Apt. #, etc.  
Zip 34652

3. Mailing Address

NEW PORT RICHEY  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

FLA

City & State

FLA

4. FEI Number

45-0555617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip  
34652

Country  
PASCO

Zip  
34652

Country  
PASCO

6. Name and Address of Current Registered Agent

WALKER, LARRY M  
4652 NAFTIS LANE  
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name Joseph E Dourm  
Street Address (P.O. Box Number is Not Acceptable)  
12109 Cartwright dr  
Hudson  
City FL Zip Code 34667

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

*Joseph E Dourm*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME POYNTER, WALTER K  
STREET ADDRESS 8535 ADONIS ROAD  
CITY - ST - ZIP NEW PORT RICHEY FL 34654 ☒ Delete

TITLE P  
NAME Joseph E Dourm  
STREET ADDRESS 12109 Cartwright dr  
CITY - ST - ZIP HUDSON, FL 34667 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Joseph E Dourm*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-07

727-967-3546

Date

Daytime Phone #