

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000138961

Entity Name: WALKERS PRODUCE BARN INC

FILED
Oct 18, 2007
Secretary of State

Current Principal Place of Business:

6320 HWY 98 S
BARTOW, FL 33813

New Principal Place of Business:

Current Mailing Address:

435 HICKORY ST
MULBERRY, FL 33860

New Mailing Address:

FEI Number: 20-5828171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, CHARLENE
435 HICKORY ST
MULBERRY, FL 33860 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALKER, CHARLENE R
Address: 435 HICKORY ST
City-St-Zip: MULBERRY, FL 33860

Title: VP (X) Delete
Name: WALKER, ALTON F
Address: 435 HICKORY ST
City-St-Zip: MULBERRY, FL 33860

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 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: CHARLENE R. WALKER

PRES

10/18/2007

Electronic Signature of Signing Officer or Director

Date