

**FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90022 022 ***158.75

DOCUMENT # *P07000130615*

1. Entity Name

WALK-EZZY INC



DO NOT WRITE IN THIS SPACE

40077655

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

503 4th Street

Suite, Apt. #, etc.

3. Mailing Address

503 4th Street

Suite, Apt. #, etc.

City & State

Wildwood, Florida

Zip

34785

Country

Sumter

City & State

Wildwood, Florida

Zip

34785

Country

Sumter

4. FEI Number

26-1585934

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John F. Otis

Street Address (P.O. Box Number is Not Acceptable)

503 4th Street

City

Wildwood

FL

Zip

34785

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1; Fee is \$550.00

Amended AR is \$61.25

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.T.C.*
NAME: *John F. Otis*
STREET ADDRESS: *503 4th Street*
CITY-ST-ZIP: *Wildwood, FL 34785*

TITLE: *VP, S*
NAME: *Lynda D. Otis*
STREET ADDRESS: *503 4th Street*
CITY-ST-ZIP: *Wildwood, FL 34785*

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #