

**FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-23-2008 90022 022 ***158.75

DOCUMENT # <i>P07000130615</i>	
1. Entity Name <i>WALK-EZZY INC</i>	

DO NOT WRITE IN THIS SPACE

40077655

2. Principal Place of Business - No P.O. Box # <i>503 4th Street</i> Suite, Apt. #, etc.	3. Mailing Address <i>503 4th Street</i> Suite, Apt. #, etc.
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CR2E034B (5/07)

City & State <i>Wildwood, Florida</i>	City & State <i>Wildwood, Florida</i>	4. FEI Number <i>26-1585934</i>	Applied For Not Applicable
Zip <i>34785</i>	Country <i>Sumter</i>	Zip <i>34785</i>	Country <i>Sumter</i>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <i>John F. Otis</i>
Street Address (P.O. Box Number is Not Acceptable) <i>503 4th Street</i>
City <i>Wildwood</i>
State FL
Zip <i>34785</i>

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 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 NAME STREET ADDRESS CITY-ST-ZIP	<i>P.T.C John F. Otis 503 4th Street Wildwood, FL 34785</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP, S Lynda D. Otis 503 4th Street Wildwood, FL 34785</i>
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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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: *John F. Otis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____