

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000134276

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: WALKEM DEVELOPMENT COMPANY, INC.

## Current Principal Place of Business:

8505 W. IRLO BRONSON MEMORIAL HWY.  
ATTN: JANET MCDONALD  
KISSIMMEE, FL 32741

## New Principal Place of Business:

## Current Mailing Address:

8505 W. IRLO BRONSON MEMORIAL HWY.  
ATTN: JANET MCDONALD  
KISSIMMEE, FL 32741

## New Mailing Address:

FEI Number: 62-1016071      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOWER, BRIAN  
8505 W. IRLO BRONSON MEMORIAL HWY.  
KISSIMMEE, FL 32741      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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NELSON, THOMAS  
Address: 8505 W IRLO BRONSON MEMORIAL WAY  
City-St-Zip: KISSIMMEE, FL 32741

Title: S ( ) Delete  
Name: LOWER, BRIAN  
Address: 8505 W IRLO BRONSON MEMORIAL WAY  
City-St-Zip: KISSIMMEE, FL 32741

Title: D ( ) Delete  
Name: WILSON, SPENCE L  
Address: 8700 TRAIL LAKE DRIVE W STE 300  
City-St-Zip: MEMPHIS, TN 38125

Title: D ( ) Delete  
Name: WILSON, ROBERT A  
Address: 8700 TRAIL LAKE DRIVE W STE 300  
City-St-Zip: MEMPHIS, TN 38125

Title: D ( ) Delete  
Name: WILSON, C KEMMONS JR  
Address: 8700 TRAIL LAKE DRIVE W STE 300  
City-St-Zip: MEMPHIS, TN 38125

Title: D ( ) Delete  
Name: MOORE, ELISABETH  
Address: 8700 TRAIL LAKE DRIVE W STE 300  
City-St-Zip: MEMPHIS, TN 38125

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SPENCE L WILSON

D

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date