2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P08000067702

Entity Name: WALKER INSURANCE OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

3385 SOUTH HIGHWAY 17/92, STE 241
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

3385 SOUTH HIGHWAY 17/92, STE 241
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 26-3018622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, PAMELA
2248 NE ROSE WALK TERRACE
STUART, FL 34996 US

Name and Address of New Registered Agent:

WALKER, PAMELA PVST
2248 NE ROSE WALK TERRACE
STUART, FL 34996 US

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: PAMELA WALKER 04/15/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: WALKER, PAMELA
Address: 2248 NE ROSE WALK TERRACE
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PAMELA WALKER PVST 04/15/2009
Electronic Signature of Signing Officer or Director Date