## 2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P08000067702

FILED Sep 29, 2010 Secretary of State

Entity Name: WALKER INSURANCE OF CENTRAL FLORIDA, INC.

of Business:	New Principal Place o	f Business:
)		
:	New Mailing Address:	}
l		
FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address		New Registered Agent:
RRACE		
bmits this statement for the p	urpose of changing its registered	office or registered agent, or both,
: Signature of Registered Age	ent	Date
	RRACE  b b b b b b b b b b b b b b b b b b b	: New Mailing Address:  FEI Number Applied For ( ) FEI Number Not Applicable ( )  Irrent Registered Agent: Name and Address of

## **OFFICERS AND DIRECTORS:**

Title: PVST

Name: WALKER, PAMELA

Address: 2248 NE ROSE WALK TERRACE

City-St-Zip: STUART, FL 34996

I hereby 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 all other like empowered.

SIGNATURE: PAMELA WALKER P 09/29/2010