

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90022 020 \*\*\*150.00

**DOCUMENT # P94000027591**

1. Entity Name

CLINT A. WALKER, INC.



Principal Place of Business

7805 E. 114TH AVENUE  
TEMPLE TERRACE FL 33617

Mailing Address

7805 E. 114TH AVENUE  
TEMPLE TERRACE FL 33617

2. Principal Place of Business

12459 Fort King Road

Suite, Apt. #, etc.

3. Mailing Address

12459 Fort King Road

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Dade City, FL

Zip  
33525

Country

City & State

Dade City, FL

Zip  
33525

Country

4. FEI Number

59-3235392

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALKER, DEBORAH L  
7805 E. 114TH AVENUE  
TEMPLE TERRACE FL 33617

7. Name and Address of New Registered Agent

Name: Deborah L. Walker

Street Address (P.O. Box Number is Not Acceptable)  
12459 Fort King Rd

City: Dade City

FL

Zip Code  
33525

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**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	<input type="checkbox"/> Delete
NAME	WALKER, CLINT A	
STREET ADDRESS	7805 E. 114TH AVENUE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Clint A. Walker* Clint A. Walker

2/10/04

813-610-2924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #