

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000097830

Entity Name: WALKING TREE, INC.

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

642 N MAYO STREET  
CRYSTAL BEACH, FL 34681 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 468  
CRYSTAL BEACH, FL 34681 US

**New Mailing Address:**

FEI Number: 59-3450519

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STOWERS, B.J.  
642 N MAYO STREET  
CRYSTAL BEACH, FL 34681 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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: STOWERS, B J  
Address: 642 N MAYO ST  
City-St-Zip: CRYSTAL BEACH, FL 34681 US

Title: VTD  
Name: STOWERS, H A  
Address: 642 N MAYO ST  
City-St-Zip: CRYSTAL BEACH, FL 34681 US

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: B.J. STOWERS

PSD

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date