

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000034540

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** WALKER MARINE REPAIR SERVICES OF DESTIN, INC.

**Current Principal Place of Business:**

94 SKIPPER AVE.  
FWB, FL 32547

**New Principal Place of Business:**

432 NE EGLIN PARKWAY  
FWB, FL 32547

**Current Mailing Address:**

94 SKIPPER AVE.  
FWB, FL 32547

**New Mailing Address:**

432 NE EGLIN PARKWAY  
FWB, FL 32547

**FEI Number:** 59-3470823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCGILL, ROBERT E III  
36008 EMERALD COAST PARKWAY  
SUITE 301  
DESTIN, FL 32541 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: BOYKO, STEVEN  
Address: 194 BIRCH ST  
City-St-Zip: FREEPORT, FL 32439

Title: PRES ( ) Delete  
Name: BOYKO, STEVEN  
Address: 194 BIRCH ST  
City-St-Zip: FREEPORT, FL 32439

Title: VP ( ) Delete  
Name: BOYKO, STEVEN  
Address: 194 BIRCH ST  
City-St-Zip: FREEPORT, FL 32439

**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:

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:** STEVEN P BOYKO

PRES

04/30/2007

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

\_\_\_\_\_  
Date