

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000092256

Entity Name: TALLEY WALKER SERVICES, INC.

FILED  
Mar 27, 2009  
Secretary of State

**Current Principal Place of Business:**

5208 PALM WAY  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

5208 PALM WAY  
LAKE WORTH, FL 33463

**New Mailing Address:**

FEI Number: 65-0797122

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALKER, TALLEY JR  
5208 PALM WAY  
LAKE WORTH, FL 33463 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: WALKER, TALLEY JR  
Address: 5208 PALM WAY  
City-St-Zip: LAKE WORTH, FL 33463

Title: VST ( ) Delete  
Name: WALKER, KRISTEN  
Address: 5208 PALM WAY  
City-St-Zip: LAKE WORTH, FL 33463

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: TALLEY WALKER JR.

PRES

03/27/2009

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

\_\_\_\_\_ Date