

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000054348

1. Entity Name  
WALKER AUTO & TIRE REPAIR, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 28 PM 2:36

Principal Place of Business  
420 NINA ROAD  
TALLAHASSEE, FL 32304 US

Mailing Address  
P O BOX 2361  
TALLAHASSEE, FL 32316 US



2. Principal Place of Business - No P.O. Box #  
5876 W. Tenn. St.  
Suite, Apt. #, etc.

3. Mailing Address  
5876 W. Tenn. St.  
Suite, Apt. #, etc.

04282008 Chg-P CR2E034 (12/06)

City & State  
Tallahassee, FL  
Zip 32304 Country Leon

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Tallahassee, FL 32304  
Zip 32304 Country Leon

4. FEI Number  
59-3516959

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

WALKER, BILL P  
420 NINA ROAD  
TALLAHASSEE, FL 32304

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME WALKER, BILL  
STREET ADDRESS 420 NINA ROAD  
CITY-ST-ZIP TALLAHASSEE, FL 32304 ☐ Delete

TITLE V  
NAME PARRAMORE, NAOMI  
STREET ADDRESS 1706 SUNSET LANE  
CITY-ST-ZIP TALLAHASSEE, FL 32303 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
900126329409  
04/28/08--01021--012 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Naomi Parramore  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/08 850-575-3736  
Date Daytime Phone #

4/28/08