


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90729 009 \*\*\*150.00

**DOCUMENT # P99000031097**  
 1. Entity Name  
**DAVID C. WALKER, D.C., P.A.**



Principal Place of Business      Mailing Address  
**3185 S. CONWAY RD., STE. B**      **3185 S. CONWAY RD., STE. B**  
**ORLANDO FL 32812**      **ORLANDO FL 32812**

2. Principal Place of Business      3. Mailing Address  
**3162 S. Conway Rd**      **3162 S. Conway Rd**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Orlando, FL**      **Orlando FL**

City & State      City & State  
**Orlando FL**      **Orlando FL**  
 Zip **32812**      Country **US**      Zip **32812**      Country



MOORE CR2E034 (11/03)

4. FEI Number **59-3580465**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**WALKER, DAVID C**  
**3185 S. CONWAY RD., STE. B**  
**ORLANDO FL 32812**

**7. Name and Address of New Registered Agent**  
 Name **WALKER, DAVID C.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3162 S. Conway Rd**  
 City **Orlando, FL**      Zip Code **32812**

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 *David C. Walker*      DATE **4/29/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	DPST <input type="checkbox"/> Delete
NAME	WALKER, DAVID C.
STREET ADDRESS	3513 SHAMROCK CT
CITY-ST-ZIP	ORLANDO FL 32806
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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 checked="" type="checkbox"/> Addition
NAME	WALKER, GARNET GUN
STREET ADDRESS	3513 SHAMROCK CT
CITY-ST-ZIP	Orlando, FL 32806
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *David C. Walker*      DATE **4/29/04**      DAYTIME PHONE # **407 249-1808**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #