## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 30, 2007 08:00 A Secretary of State **DOCUMENT # S45028** 1. Entity Name H.B. WALKER, INC. Principal Place of Business Mailing Address 2895 MERCY DRIVE 2895 MERCY DRIVE ORLANDO, FL 32805 US ORLANDO, FL 32805 US 01182007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3064090 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALKER, HERBERT B DO NOT WRITE 1913 BRUTON BLVD. ORLANDO, FL 32805 IN THIS SPACE 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulred when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PST TITLE NAME WALKER, HERBERT B 2895 MERCY DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32808 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS U000000747084 05/17/07-80012-015 158.75 CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 try 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 empower SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #