

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000097992

**Entity Name:** KATIE EDWARDS-WALPOLE, P.A.

**Current Principal Place of Business:**

2140 NE 39 BLVD.  
OKEECHOBEE, FL 34972

**Current Mailing Address:**

2140 NE 39 BLVD.  
OKEECHOBEE, FL 34972 US

**FEI Number:** 46-4231082

**Certificate of Status Desired:** No

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

KATIE A EDWARDS-WALPOLE F/K/A KATHLEEN EDWARDS  
625 N. FLAGLER DR.  
7TH FLOOR  
WEST PALM BEACH, FL 33401 US

*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

**Officer/Director Detail :**

Title P  
Name EDWARDS-WALPOLE, KATIE A ESQ  
Address 625 N. FLAGLER DR.  
7TH FLOOR  
City-State-Zip: WEST PALM BEACH FL 33401

*I hereby 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 all other like empowered.*

**SIGNATURE:** KATIE A EDWARDS-WALPOLE, ESQ.

**PRESIDENT**

**04/29/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date