

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 290309

Entity Name: WALPOLE, INC.

FILED
Jan 09, 2009
Secretary of State

Current Principal Place of Business:

269 NW 9TH ST
PO BOX 1177
OKEECHOBEE, FL 34972

New Principal Place of Business:

269 NW 9TH ST
OKEECHOBEE, FL 34972

Current Mailing Address:

269 NW 9TH ST
PO BOX 1177
OKEECHOBEE, FL 34972

New Mailing Address:

PO BOX 1177
OKEECHOBEE, FL 34973

FEI Number: 59-1305687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALPOLE III, E E
269 N.W. 9TH STREET
OKEECHOBEE FL, FL 34972 US

Name and Address of New Registered Agent:

WALPOLE III, E E
269 NW 9TH STREET
OKEECHOBEE, FL 34972 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: EDWIN E WALPOLE III

01/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALPOLE, E E III,
Address: 269 N.W. 9TH STREET
City-St-Zip: OKEECHOBEE, FL

Title: VP () Delete
Name: WALPOLE, E E IV,
Address: PO BOX 600
City-St-Zip: MANGO, FL 33550

Title: ST () Delete
Name: WALPOLE, KEITH A,
Address: 269 NW 9 ST
City-St-Zip: OKEECHOBEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WALPOLE, E E IV,
Address: 269 NW 9TH STREET
City-St-Zip: OKEECHOBEE, FL 34972

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: KEITH A WALPOLE

ST

01/09/2009

Electronic Signature of Signing Officer or Director

Date