

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2004 08:00 AM
Secretary of State

DOCUMENT # 681075

1. Entity Name
BOB WALKER INDUSTRIES, INC.



Principal Place of Business
**410 KENTWOOD AVE
SANFORD, FL 32771 US**

Mailing Address
**410 KENTWOOD AVE
#116
SANFORD, FL 32771 US**

DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2030877

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALKER, ROBERT J.
410 KENTWOOD AVE
SANFORD, FL 32771**

**DO NOT WRITE
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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000160609
05/17/04-80006-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
WALKER, ROBERT J.
410 KENTWOOD AVE
SANFORD, FL 32771**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DST
WALKER, MARY E.
410 KENTWOOD AVE
SANFORD, FL 32771**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 30, 2004 407 328 8005