



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90263 043 \*\*\*150.00

<b>DOCUMENT # 681075</b> 1. Entity Name <b>BOB WALKER INDUSTRIES, INC.</b>					
Principal Place of Business <b>410 KENTWOOD AVE</b> <b>SANFORD, FL 32771 US</b>			Mailing Address <b>410 KENTWOOD AVE</b> <b>#116</b> <b>SANFORD, FL 32771 US</b>		
2. Principal Place of Business <b>411 KENTWOOD AVE.</b> Suite, Apt. #, etc.		3. Mailing Address <b>411 KENTWOOD AV.</b> Suite, Apt. #, etc.			
City & State <b>SANFORD FL.</b>		City & State <b>SANFORD, FL.</b>		4. FEI Number <b>59-2030877</b>	
Country <b>seminole</b>		Country <b>seminole</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WALKER, ROBERT J.</b> <b>410 KENTWOOD AVE</b> <b>SANFORD, FL 32771</b>			7. Name and Address of New Registered Agent Name - Street Address (P.O. Box Number is Not Acceptable) <b>411 KENTWOOD AV</b> City <b>SANFORD</b> <b>FL</b> <b>32771</b>		
8. The above named entity admits 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 <u><i>Robert J. Walker</i></u> DATE <u>MAR 3, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, ROBERT J. 410 KENTWOOD AVE SANFORD, FL 32771	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>411 KENTWOOD AVE</b> <b>SANFORD, FL 32771</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WALKER, MARY E. 410 KENTWOOD AVE SANFORD, FL 32771	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>411 KENTWOOD AVE.</b> <b>SANFORD FL 32771</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Robert J. Walker</i></u> <b>ROBERT J. WALKER</b> <u>MAR 3, 2005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					