



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J33283</b> 1. Entity Name <b>ROBERT C. WALKER, INC.</b>							
Principal Place of Business <b>1339 TRAILWOOD DRIVE NEPTUNE BEACH FL 32266 US</b>			Mailing Address <b>1339 TRAILWOOD DRIVE NEPTUNE BEACH FL 32266 US</b>				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 1st MOORE CR2E034 (10/04)  4. FEI Number <b>59-2723137</b> Applied For Not Applicable			
City & State		City & State					
Zip Country		Zip Country					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent  <b>NOE, WILLIAM G JR. 599 ATLANTIC BLVD. SUITE 6 ATLANTIC BEACH FL 32233</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				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 <b>N/A</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>							
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS							
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				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 changed, or on an attachment with an address, with all other like empowered			
TITLE PD <input type="checkbox"/> Delete NAME WALKER, ROBERT C. STREET ADDRESS 1339 TRAILWOOD DR. CITY- ST- ZIP NEPTUNE BEACH FL 32266						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP	
TITLE VST <input type="checkbox"/> Delete NAME WALKER, PATRICIA O. STREET ADDRESS 1339 TRAILWOOD DR CITY- ST- ZIP NEPTUNE BEACH FL 32266						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP	
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SIGNATURE: <b>Robert C. Walker</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>1/31/05</b> (904) 241-3500			