

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90028 028 ***150.00

DOCUMENT # P02000035431

1. Entity Name
WALKER RENAISSANCE II, INC.



Principal Place of Business
**3932 APPELGATE CIRCLE
BRANDON, FL 33511**

Mailing Address
**3932 APPELGATE CIRCLE
BRANDON, FL 33511**

54061773



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number **27-0007580** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WALKER, ROBERT M
3932 APPELGATE CIRCLE
BRANDON, FL 33511**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	WALKER, ROBERT M
STREET ADDRESS	3932 APPELGATE CIRCLE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	D
NAME	WALKER, ROBERT M
STREET ADDRESS	3932 APPELGATE CIRCLE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	VD
NAME	WALKER, MARSHA K
STREET ADDRESS	3932 APPELGATE CIRCLE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARSHA KAY WALKER

**7-6-04 813
6452120**

Attachment

54061773



WE DO IT WITH P.R.I.D.E

720 4th St. S.W.
Ruskin, Florida 33570
National 1-800-741-2128
Fax (813) 641-8610

July 6, 2004

Florida Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

RE: P02000035431

Having received notice of intent to "Administratively Dissolve" our corporation, we submit the enclosed 2004 Annual Report along with the check for \$150 to cover the required fee. As we did not receive notification to submit this report, we respectfully request a waiver of the \$400 late filing fee, per your instructions. If you need anything further from us, please contact us at your earliest convenience.

Thank you for your assistance in this matter.

Sincerely,

Marsha K. Walker
Vice-President

— Enclosures

Hillsboro
645-2128

Sarasota/Manatee
747-1794

Pinellas
585-5350