

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000035431

1. Entity Name
WALKER RENAISSANCE II, INC.



Principal Place of Business
3932 APPELEGATE CIRCLE
BRANDON, FL 33511

Mailing Address
3932 APPELEGATE CIRCLE
BRANDON, FL 33511



01212005 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 APPELEGATE 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000252388
03/05/05-80024-006 150.00

10. OFFICERS AND DIRECTORS

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

MARSHA KAY WALKER

Date

Daytime Phone #

2-8-05 8136452128