2013 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000105866

1. Entity Name
ROBERT WALKUP CONSTRUCTION, INC.

FILED
13 APR 14 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3185 CALLE DE CORTEZ NAVARRE, FL 32566 US	3185 CALLE DE CORTEZ NAVARRE, FL 32566 US

12172013 Chg-P CR2E034 (12/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0301359 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALKUP, ROBERT 3185 CALLE DE CORTEZ NAVARRE, FL 32566	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 27, 2013

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST WALKUP, ROBERT 3185 CALLE DE CORTEZ NAVARRE, FL 32566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000255117420 12/31/13--01005--002 **150.00	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

Corporations Payments Tools Activity

Information

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Annual Report Filing History

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Session

Transaction ID	Description	Filing Stage
p03000105866-66934e2a-089d-45f6-826e-31a165a189e6	Session file for p03000105866 with last modified date of 4/14/2013 8:37:26 PM Eastern Standard Time	FinalReview

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
60074b48-16c5-4df1-96d1-9528583b3348	P03000105866	0	2	1/7/2010 12:00:00 AM
6392a89a-8301-4307-b221-5a7dbde30be8	P03000105866	0	2	1/5/2011 12:00:00 AM
8e7200f2-ab85-454a-89b5-09c533c00920	P03000105866	0	2	1/11/2012 12:00:00 AM