

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000065272

1. Entity Name
WALK IN WATER LAND SALES INC.



Principal Place of Business
8812 OAKWOOD DRIVE
LAKE WALES, FL 33898 US

Mailing Address
8812 OAKWOOD DRIVE
LAKE WALES, FL 33898 US



01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3569229 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEPPARD, ROBERT
8812 OAKWOOD DRIVE
LAKE WALES, FL 33898

**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 reissuing)

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHEPPARD, DAVID C
STREET ADDRESS	8812 OAKWOOD DRIVE
CITY-ST-ZIP	LAKE WALES, FL 33898
TITLE	PD
NAME	SHEPPARD, ROBERT
STREET ADDRESS	8812 OAKWOOD DR.
CITY-ST-ZIP	LAKE WALES, FL 33898
TITLE	D
NAME	RICHARDS, DONNA
STREET ADDRESS	4535 WALK IN WATER ROAD, #14
CITY-ST-ZIP	LAKE WALES, FL 33898
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/05-80041-005 150.00

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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:

Robert Sheppard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Sheppard

1-26-05
Date

863-696-3407
Daytime Phone