


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000065272 1. Entity Name WALK IN WATER LAND SALES INC.	
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Principal Place of Business 8812 OAKWOOD DRIVE LAKE WALES, FL 33898 US	Mailing Address 8812 OAKWOOD DRIVE LAKE WALES, FL 33898 US
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DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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

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

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**DO NOT WRITE
IN THIS SPACE**

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 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

1-11-06
Date

863-696-3407
Daytime Phone #