

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # P99000021332

1. Entity Name
WALKABOUT SHOP, INC.



Principal Place of Business
**2657 NORTH MONROE ST.
TALLAHASSEE, FL 32303**

Mailing Address
**1716 EVENING BREEZE LN.
TALLAHASSEE, FL 32312**



02272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3563867	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SUTER, ROBERT L
108 N.W. 20TH TERR.
GAINESVILLE, FL 32603**

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SUTER, ROBERT J
STREET ADDRESS	1716 EVENING BREEZE LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32312

TITLE	VD
NAME	SUTER, PATRICIA L
STREET ADDRESS	1716 EVENING BREEZE LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32312

TITLE	STD
NAME	SUTER, ROBERT L
STREET ADDRESS	108 NW 20TH TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32603

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert J. Suter

ROBERT J. SUTER PRESIDENT

2-27-2007

850-893-6528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #