

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000021332

Entity Name: WALKABOUT SHOP, INC.

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2657 NORTH MONROE ST.  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3814  
TALLAHASSEE, FL 32315

**New Mailing Address:**

FEI Number: 59-3563867

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SUTER, ROBERT L  
3520 SW 79TH TERRACE  
GAINESVILLE, FL 32608 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SUTER, ROBERT J  
Address: 1716 EVENING BREEZE LANE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD  
Name: SUTER, PATRICIA L  
Address: 1716 EVENING BREEZE LANE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: STD  
Name: SUTER, ROBERT L  
Address: 3520 SW 79TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT J. SUTER

PRES

04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date