

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90231 025 ***150.00

14008376



04252005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0915621 Applied For Not Applicable

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

DOCUMENT # P99000037705
1. Entity Name
WALKER KEY WEST PROPERTIES TWO, INC.



Principal Place of Business Mailing Address
422 FLEMING ST 422 FLEMING ST
KEY WEST, FL 33040 KEY WEST, FL 33040

2. Principal Place of Business 3. Mailing Address
63 TWO TURTLES LANE 63 TWO TURTLES LANE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
KEY WEST, FLORIDA KEY WEST, FLORIDA
Zip Country Zip Country
33040 USA 33040 USA

6. Name and Address of Current Registered Agent
WALKER, DOUGLAS G
%KEY WEST OCEANSIDE MARINE, INC.
5950 PENINSULA AVE
KEY WEST, FL 33040

7. Name and Address of New Registered Agent
Name Same
Street Address (P.O. Box Number is Not Acceptable)
63 Two Turtles Lane
City Key West FL Zip Code 33040

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 _____ (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WALKER, DOUGLAS G 422 FLEMING ST KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 63 TWO TURTLES LANE KEY WEST, FLA 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WILKINS, ELEANOR L 422 FLEMING ST KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE: Douglas G. Walker 305-923-3448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #