

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90227 004 ***150.00

DOCUMENT # P99000066805

1. Entity Name

WALPOLE BULK SERVICES, INC.



Principal Place of Business

269 NW 9TH ST.
OKEECHOBEE, FL 34972

Mailing Address

269 NW 9TH ST.
OKEECHOBEE, FL 34972

60001697



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0971448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALPOLE, EDWIN E III
269 NW 9TH ST.
OKEECHOBEE, FL 34972

**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 \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALPOLE, EDWIN E
STREET ADDRESS	4201 N WILLIAMS RD
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	VP
NAME	WALPOLE, EDWIN E III
STREET ADDRESS	269 NW 9TH ST
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	ST
NAME	WALPOLE, KEITH A
STREET ADDRESS	269 NW 9TH ST
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edwin E. Walpole III

1-9-06

Date

863-763-5593

Daytime Phone #