



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 A
Secretary of State

DOCUMENT # P99000066805 1. Entity Name WALPOLE BULK SERVICES, INC.	
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Principal Place of Business 269 NW 9TH ST. OKEECHOBEE, FL 34972	Mailing Address 269 NW 9TH ST. OKEECHOBEE, FL 34972
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DO NOT WRITE IN THIS SPACE


01112008 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

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**

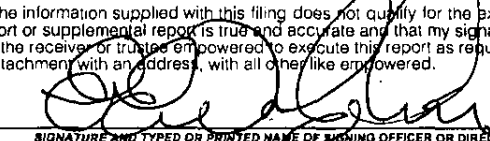
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent, and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALPOLE, EDWIN E 4201 N WILLIAMS RD TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALPOLE, EDWIN E III 269 NW 9TH ST OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WALPOLE, KEITH A 269 NW 9TH ST OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/26/08-80074-021 150.00
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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:  **2-4-08** **863-763-5593**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Edwin E. Walpole III