


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2005 90231 027 \*\*\*150.00

<b>DOCUMENT # P99000081852</b>	
1. Entity Name <b>WALKER KEY WEST PROPERTIES FOUR, INC.</b>	

Principal Place of Business <b>422 FLEMING STREET KEY WEST, FL 33040</b>	Mailing Address <b>422 FLEMING STREET KEY WEST, FL 33040</b>
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**14008374**

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

City & State <b>KEY WEST, FLORIDA</b>	City & State <b>KEY WEST, FLORIDA</b>
Zip <b>33040</b>	Country <b>USA</b>



04252005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>WALKER, DOUGLAS G % KEY WEST OCEANSIDE MARINA INC 5950 PENINSULAR AVENUE KEY WEST, FL 33040</b>	
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4. FEI Number <b>65-0946025</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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7. Name and Address of New Registered Agent	
Name <b>Same</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>63 Two Turtles Lane</b>	
City <b>Key West</b>	FL Zip Code <b>33040</b>

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.

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD WALKER, DOUGLAS G 422 FLEMING STREET KEY WEST, FL 33040</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS WILKINS, ELEANOR L 422 FLEMING STREET KEY WEST, FL 33040</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>63 TWO TURTLES LANE KEY WEST, FLORIDA 33040</b>
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"/> Change <input type="checkbox"/> Addition
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"/> 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 all other like empowered.

SIGNATURE:  **305-923-3448**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4/25/05** Daytime Phone #