

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000081852

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** WALKER KEY WEST PROPERTIES FOUR, INC.

**Current Principal Place of Business:**

63 TWO TURTLES LANE  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

63 TWO TURTLES LANE  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 65-0946025

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALKER, DOUGLAS G  
63 TWO TURTLES LANE  
KEY WEST, FL 33040 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: PTD  
Name: WALKER, DOUGLAS G  
Address: 63 TWO TURTLES LANE  
City-St-Zip: KEY WEST, FL 33040

Title: VS  
Name: WILKINS, ELEANOR L  
Address: 422 FLEMING STREET  
City-St-Zip: KEY WEST, FL 33040

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: ELEANOR LYNN WILKINS

VS

02/06/2012

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

\_\_\_\_\_  
Date