


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90867 045 ***150.00

DOCUMENT # P02000125346

1. Entity Name
OKEY DOKE CORRAL, INC.



Principal Place of Business
**201 CALHOUN AVE.
DESTIN FL 32541**

Mailing Address
**201 CALHOUN AVE.
DESTIN FL 32541**

2. Principal Place of Business
8955 US HWY 98, WEST

3. Mailing Address
8955 US HWY 98, WEST

Suite, Apt. #, etc.
103

City & State
DESTIN, FL

Zip
32550

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number
13-4227653

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**HAUGHT, BRUCE A
285 HIGHWAY 98
SUITE 220
DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

State: **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME M. PAGE O'CONNOR	
STREET ADDRESS 8955 US HWY 98, WEST #103	
CITY-ST-ZIP DESTIN, FL 32550	
TITLE SECRETARY	<input type="checkbox"/> Delete
NAME WM. J. O'CONNOR	
STREET ADDRESS 8955 US HWY 98, WEST #103	
CITY-ST-ZIP DESTIN, FL 32550	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS SUITE 103	
CITY-ST-ZIP 8955 U.S. HWY 98, WEST	
CITY-ST-ZIP DESTIN, FL 32550	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Wm. J. O'Connor **WMEQUIL O'CONNOR** **3/4/2003** **850-267-8433**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)