


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 189987		
1. Entity Name OKEECHOBEE MOTOR COMPANY		
Principal Place of Business 3175 U S HWY 441 SOUTH/P O BOX 519 OKEECHOBEE, FL 34974 US	Mailing Address 3175 U S HWY 441 SOUTH/P O BOX 519 P O BOX 519 OKEECHOBEE, FL 34973 US	



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0759719	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WATFORD, D.R. JR. 701 NE 5TH ST. OKEECHOBEE, FL 34972	DO NOT WRITE IN THIS SPACE
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000607236 01/31/07-80029-008 158.75
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATFORD, D R SR 2706 N E 6TH CT OKEECHOBEE, FL 34972	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATFORD, D R J 701 N E 5TH STREET OKEECHOBEE, FL 34972	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WATFORD, MARTHA B 2706 N E 6TH CT OKEECHOBEE, FL 34972	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATFORD, CHERI 701 N E 5TH STREET OKEECHOBEE, FL 34972	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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:  **1-24-07 863-263-2121**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
D.R. WATFORD