## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 189987** 

WATFORD, CHERI

701 N E 5TH STREET

OKEECHOBEE, FL 34972

Name:

Address:

City-St-Zip:

Entity Name: OKEECHOBEE MOTOR COMPANY

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3175 U S HWY 441 SOUTH/P O BOX 519 OKEECHOBEE, FL 34974 US				3175 U S HWY 441 SOUTH OKEECHOBEE, FL 34974 US	
Current M	ailing Address	:	New Mailing Address:		
3175 U S HWY 441 SOUTH/P O BOX 519 P O BOX 519					
	BEE, FL 34973	US			
FEI Number:	59-0759719	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	rrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
701 NE 5T OKEECHC	BEE, FL 34972		surpage of changing its registers	d office or registered agent or both	
in the State		ibmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic	Signature of Registered Age	ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS	S AND DIRECT	ORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	VD () E WATFORD, D R S 2706 N E 6TH CT OKEECHOBEE, I		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PD () E WATFORD, D R ( 701 N E 5TH STR OKEECHOBEE, F	EET	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SD ()E WATFORD, MAR 2706 N E 6TH CT OKEECHOBEE, I		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	TD ()[	)elete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: D.R. WATFORD, JR	PD	01/14/2009
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