2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 195684

Name:

Title:

Name: Address:

Address

City-St-Zip:

City-St-Zip:

() Delete

Entity Name: OKEECHOBEE TRAILER AND FISHING RESORT. INC

FILED Apr 27, 2009 Secretary of State

Littly Nai	ile. ORLEGIN	JBLE TRAILER AND FISHIN	IG RESOR	T, IIVC.		
Current Principal Place of Business:				New Principal Place of Business:		
409 SW 15TH ST PO BOX 516 OKEECHOBEE, FL 349735261				409 SW 15TH ST OKEECHOBEE, FL 34974		
Current Mailing Address:				New Mailing Address:		
409 SW 15TH ST PO BOX 516 OKEECHOBEE, FL 349735261				409 SW 15TH ST PO BOX 516 OKEECHOBEE, FL 34973		
FEI Number: 59-0777933		FEI Number Applied For ()	FEI Num	umber Not Applicable ()		Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
in the State	5TH ST DBEE, FL named entity s e of Florida.	US ubmits this statement for the	purpose of	changing it	s register	ed office or registered agent, or both,
SIGNATUF		ic Signature of Registered Ag	ıont			 Date
Election Can		Trust Fund Contribution ().	jeni.			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D () JONES,MILDRE 409 SW 15 ST OKEECHOBEE,			Title: Name: Address: City-St-Zip:	DP JONES,MI 409 SW 15 OKEECHO	
Title: Name: Address: City-St-Zip:	STD () JONES,ROGER 409 SW 15 ST OKEECHOBEE,			Title: Name: Address: City-St-Zip:	STD JONES,RO 409 SW 19 OKEECHO	
Title:	()	Delete		Title:	D	() Change (X) 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:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

JONES, DONALD R

7740 SW 13TH ST.

WIERSMA, TONI I

408 S.W. 15TH ST. OKEECHOBEE, FL 34974

OKEECHOBEE, FL 34974

() Change (X) Addition

SIGNATURE: ROGER L. JONES STD 04/27/2009