## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 20, 2007 08:00 AM Secretary of State

ANNUAL REPORT				Apr 20, 2007 08:00 A		
DOCUMENT # 310340 1. Entity Name WAFH CORP. OF OKEECHOBEE				Secretary of Stat		
1403 W AVE	Principal Place of Business Mailing Address 1403 W AVE A. 1403 W AVE A. BELLE GLADE, FL 33430 BELLE GLADE, FL 33430			I korked kindi haki dariba jiko bidil badi dubih didik bidi) didih didih bidih didihadi hidipadi.		
D	O NOT WRITE	IN THIS SPA	CE	04172007 No Chg-P CR2E034 (11/05)  4. FEI Number		
	5. Certificate of Status Desired \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent  5. RUDOLPH SR.  6. AVE. A  6. CANAL STREET  6. CANAL STREET  6. DO NOT WRITE  6. IN THIS SPACE  1. CANAL STREET  6. Name and Address of Current Registered Agent  5. Certificate of Status Desired \$8.75 Additional Fee Required  5. The Required Status Desired \$1.00 NOT WRITE  6. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  8. RUDOLPH SR.  8. AVE. A  8. AVE. A  8. In This Space  9. In					
HOOKS, RUDOLPH SR. 1403 W. AVE. A 1500 W. CANAL STREET BELLE GLADE, FL 33430						
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_				,		
	Signature, typed or printed name of registered agent and	title d applicable (NOTE: Registere	d Agent signature required	d when reinstating)	DATE	
FILE NUMIII FEE IS 3 ISU.UU		Election Campaign Finar     Trust Fund Contribution.		.00 May Be led to Fees		
10.	OFFICERS AND DI	RECTORS	1			
TITLE  MAME  STREET ADDRESS  CITY-SI-ZIP  ITILE  NAME  SIREET ADDRESS	PD HOOKS, RUDOLPH SR. 1500 W. CANAL STREET BELLE GLADE, FL STD BARTON, LISA A 616 SE 9TH ST BELLE GLADE, FL 33430			U00000720752 05/01/07-80118-019 150.00		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS  D ACREE, MICKEY K.  5TH ST & RAILROAD AVE MOOREHAVEN FL,  TITLE NAME . STREET ADDRESS		DO NOT WRITE IN THIS SPACE			
NAME		•				

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:

CITY-S1-ZIP

IIILE

MAME

STREET ADDRESS

CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

Lisa Barton

4-18-07

561-996-7491

Date