

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 329257

FILED
Mar 27, 2009
Secretary of State

Entity Name: OKEECHOBEE LIVESTOCK MARKET INC

Current Principal Place of Business:

1055 HWY 98 N
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

PO BOX 1288
OKEECHOBEE, FL 349731288 US

New Mailing Address:

FEI Number: 59-1208166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEMONS, TODD
395 SW 24TH AVE
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: CLEMONS, PETE
Address: 4853 NW 30TH ST
City-St-Zip: OKEECHOBEE, FL

Title: TDS () Delete
Name: CLEMONS, JEFF
Address: 19645 HWY 98 NO
City-St-Zip: OKEECHOBEE, FL

Title: PD () Delete
Name: CLEMONS, TODD
Address: 395 SW 24 AVE
City-St-Zip: OKEECHOBEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: TODD CLEMONS

PD

03/27/2009

Electronic Signature of Signing Officer or Director

Date