2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 361994

Entity Name: W AND W LUMBER OF OKEECHOBEE INC

FILED Mar 27, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
16500 SW WARFIELD BLVD			16500 SW WARFIELD BLVD		
P.O. BOX 1 INDIANTOWN, FL 349567001			BOX 1 INDIANTOWN, FL 3495	6 US	
Current Mailing Address:			New Mailing Address:		
16500 SW WARFIELD BLVD			16500 SW WARFIELD BLVD		
P.O. BOX 1 INDIANTOWN, FL 349567001			P.O. BOX 1 INDIANTOWN, FL 34956 US		
FEI Number:	: 59-1295548	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
	S PALOMINO S WN, FL 3495				
	named entity e of Florida.	submits this statement for the	purpose of changing its registered of	office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ac	gent	Date	
Election Car	npaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	TD (EDWARDS, E' 15801 SW PA INDIANTOWN,	LOMINO ST	Title: (Name: Address: City-St-Zip:) Change()Addition	
Title: Name: Address: City-St-Zip:	LAWRENCE, 0 16200 SW MA) Delete CAROLYN W SEC PLE AVE. FL 34956 US	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	EDWARDS, C 15801 SW PA		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	PD (WALL, IRIS, P) Delete	Title: (Name:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: CAROLYN W. LAWRENCE SEC 03/27/2007

16500 SW PALOMINO STREET

INDIANTOWN, FL 34956 US

Address:

City-St-Zip: