

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90171 041 ***150.00

DOCUMENT # 576364

1. Entity Name
WISE T. V. OF OKEECHOBEE, INCORPORATED



Principal Place of Business
**415 NE PARK ST
OKEECHOBEE, FL 34972-2927 US**

Mailing Address
**415 NE PARK ST
OKEECHOBEE, FL 34972-2927 US**

2. Principal Place of Business
415 NE Park Street

3. Mailing Address
60 Tower Street

Suite, Apt. #, etc.

City & State
Okeechobee, -Florida

City & State
Lake Placid, Florida

Zip
34972

Country
Okeechobee

Zip
33852

Country
Highlands

02242005 Chg-P CR2E034 (10/03)

4. FEI Number
59-1730321

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**YOUNG, ANTHONY T.
300 N.W. 5TH STREET
PLAZA 300
OKEECHOBEE, FL 34972**

7. Name and Address of New Registered Agent

Name
GENE POLLARD

Street Address (P.O. Box Number is Not Acceptable)
60 Tower Street

City
Lake Placid

FL

Zip Code
33852

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

Gene Pollard
Signature, typed or printed name of registered agent and title if applicable.

GENE POLLARD

(NOTE: Registered Agent signature required when reinstating)

2/28/05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
ELMORE, THOMAS E.
415 NE PARK ST
OKEECHOBEE, FL**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**ST
ELMORE, JIM
P.O. BOX 1075
OAK HILL, WV 25901**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
ELMORE, SHANA
PO BOX 1075
OAK HILL, WV 25901**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
GENE POLLARD
60 Tower Street
Lake Placid, Florida 33852**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**STD
CAROL POLLARD
60 Tower Street
Lake Placid, Florida 33852**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Gene Pollard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GENE POLLARD PRESIDENT

2/28/05

Date

(863)465-5100

Daytime Phone #