2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 649008

1. Entity Name
HAZELLIEF & PREVATT REALTY, INC.

Principal Place of Business	Mailing Address
1200 S PARROTT AVE OKEECHOBEE, FL 34974-5269 US	1200 S PARROTT AVE OKEECHOBEE, FL 34974-5269 US

DO NOT WRITE IN THIS SPACE

01292008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2021798	Not Applicable

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

6. Name and Address of Current Registered Agent

PREVATT, WAYNE
1200 S PARROTT AVE
OKEECHOBEE, FL 34974

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IN THIS SPACE**

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 if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	PREVATT, WAYNE
STREET ADDRESS	6553 NW 30TH ST
CITY-ST-ZIP	OKEECHOBEE, FL

TITLE	MVTS
NAME	HAZELLIEF, DAVID E
STREET ADDRESS	4351 HWY 441 N
CITY-ST-ZIP	OKEECHOBEE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/14/08-80019-004 150.00

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IN THIS SPACE**

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: _David E Hazellief_ 1-31-08   863 763 2104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #