

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

JAN 24 2006



DOCUMENT # F00000001332					
1. Entity Name O.K. & B. OF ALABAMA, INC.					
Principal Place of Business 8068 NAVARRE PKWY NAVARRE FL 32566			Mailing Address 1201 E THREE NOTCH ST ANDALUSIA AL 36420		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 63-1194012	
				Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent HARDEN, OLAN H 8068 NAVARRE PKWY NAVARRE FL 32566				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Add
NAME	HARDEN, OLAN		NAME	U00000433246	
STREET ADDRESS	1201 E THREE NOTCH ST		STREET ADDRESS	02/24/06-80010-005 158.75	
CITY-ST-ZIP	ANDALUSIA AL 36420		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change	☐ Add
NAME	MCINTYRE, KEITH		NAME		
STREET ADDRESS	HCR 35 BOX 2D		STREET ADDRESS		
CITY-ST-ZIP	EVERGREEN AL 36401		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Add
NAME	SAALE, BOB		NAME		
STREET ADDRESS	1820 WINDING CREEK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL 32533		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *OLAN H. HARDEN* **OLAN H. HARDEN** **2/10/06** **334-222-2021**