

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


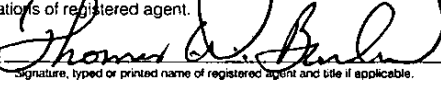

**FILED**  
**Jul 27, 2005 8:00 am**  
**Secretary of State**

07-27-2005 90046 019 \*\*\*150.00

**50057899**



07252005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # L11060</b>					
1. Entity Name <b>OKEECHOBEE ABSTRACT &amp; TITLE INSURANCE, INC.</b>					
Principal Place of Business <b>207 NORTHWEST 2ND STREET OKEECHOBEE, FL 34972 US</b>			Mailing Address <b>207 NORTHWEST 2ND STREET OKEECHOBEE, FL 34972 US</b>		
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 <b>65-0146414</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BARBER, R.H. 207 NORTHWEST 2ND STREET OKEECHOBEE, FL 34972</b>				Name <b>THOMAS W. BARBER</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>207 NW 2nd Street</b>	
				City <b>Okeechobee</b> <b>FL</b> <b>34972</b>	
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 		<b>THOMAS W. BARBER/PRESIDENT</b>		7/25/05 DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBER, R.H. 207 NORTHWEST 2ND STREET OKEECHOBEE, FL 34972 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBER, THOMAS W. 207 NW 2nd Street Okeechobee, Florida 34972 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARBER, THOMAS W. 207 NORTHWEST 2ND STREET OKEECHOBEE, FL 34972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 my address, with all other like empowered.					
SIGNATURE: 		<b>THOMAS W. BARBER/PRESIDENT</b>		863-763-3710 7/25/05 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date			