
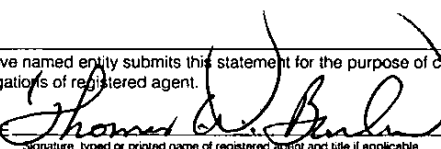
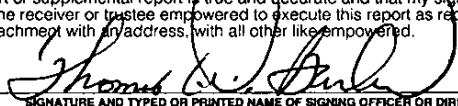


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-27-2005 90046 019 ***150.00

DOCUMENT # L11060					
1. Entity Name OKEECHOBEE ABSTRACT & TITLE INSURANCE, INC.					
Principal Place of Business 207 NORTHWEST 2ND STREET OKEECHOBEE, FL 34972 US			Mailing Address 207 NORTHWEST 2ND STREET OKEECHOBEE, FL 34972 US		
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 65-0146414	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BARBER, R.H. 207 NORTHWEST 2ND STREET OKEECHOBEE, FL 34972				Name THOMAS W. BARBER	
				Street Address (P.O. Box Number is Not Acceptable) 207 NW 2nd Street	
				City Okeechobee	
				State FL	
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 				THOMAS W. BARBER/PRESIDENT	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
7/25/05				DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD
NAME	BARBER, R.H.			NAME	BARBER, THOMAS W.
STREET ADDRESS	207 NORTHWEST 2ND STREET			STREET ADDRESS	207 NW 2nd Street
CITY-ST-ZIP	OKEECHOBEE, FL 34972			CITY-ST-ZIP	Okeechobee, Florida 34972
TITLE	VD	<input type="checkbox"/> Delete		TITLE	
NAME	BARBER, THOMAS W.			NAME	
STREET ADDRESS	207 NORTHWEST 2ND STREET			STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE, FL 34972			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
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 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: 				THOMAS W. BARBER/PRESIDENT	
Signature and typed or printed name of signing officer or director				Date	
				863-763-3710	
				7/25/05	
				Daytime Phone #	

50057899



07252005 Chg-P CR2E034 (10/03)