

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000041681

FILED
Apr 25, 2006
Secretary of State

Entity Name: SOUTHERN PLANTATION OF OKEECHOBEE, INC.

Current Principal Place of Business:

309 S.W. 15TH STREET
OKEECHOBEE, FL 34974 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 759
OKEECHOBEE, FL 34973 US

New Mailing Address:

FEI Number: 65-1000264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAVERLOCK, FAYE A
309 SW 15TH STREET
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: HAVERLOCK, FAYE A
Address: 309 SW 15TH ST
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: HAVERLOCK, FAYE A
Address: 309 SW 15TH ST
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: SD () Change (X) Addition
Name: WILLIAMSON, JENNIFER L
Address: 3003 SW 28TH ST.
City-St-Zip: OKEECHOBEE, FL 34974 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER L. WILLIAMSON

SEC

04/25/2006

Electronic Signature of Signing Officer or Director

_____ Date