

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000041681

FILED
Mar 03, 2009
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:

406 NW 4TH STREET
OKEECHOBEE, FL 34972 US

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:

WILLIAMSON, JENNIFER L ESQ.
555 COLORADO AVE.
STUART, FL 34994 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: PTD () Delete
Name: HAVERLOCK, FAYE A
Address: 3285 SW 28TH ST.
City-St-Zip: OKEECHOBEE, FL 34974 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

SD

03/03/2009

Electronic Signature of Signing Officer or Director

Date