2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 MAR 18 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12022004 Chg-P CR2E034 (10/03)

DOCUMENT # P00000063982

1. Entity Name
OKEECHOBEE LAND COMPANY

Principal Place of Business	Mailing Address
251 E MAIN ST PAHOKEE, FL 33476	PO BOX 398 PAHOKEE, FL 33476

2. Principal Place of Business	3. Mailing Address
2814 E MAIN ST	
Suite, Apt. #, etc. PAHOKEE	Suite, Apt. #, etc.
City & State FLA	City & State
Zip 33476 Country PALM BEACH	Zip Country

4. FEI Number 65-1033077 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREZ, EDILIO 251 E MAIN ST PAHOKEE, FL 33476	Name: PEREZ EDILIA Street Address (P.O. Box Number is Not Acceptable): 251 E MAIN ST City: PAHOKEE FL Zip Code 33476

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR Is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

3000050509573
04/12/05--01007--016 **150.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PEREZ, GONZALO 251 E MAIN ST PAHOKEE, FL 33476	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V EPEREZ, EDILIA 251 E MAIN ST. PAHOKEE, FL 33476	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PEREZ EDILIA 251 E MAIN ST PAHOKEE FLA 33476	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 an address, with all other like empowered.

SIGNATURE: Edilia Perez 3/6/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #