

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90006 050 ***158.75

DOCUMENT # P00000090884					
1. Entity Name OKEE OPERATING COMPANY					
Principal Place of Business 1555 PALM BEACH LAKES BLVD. SUITE 1100 WEST PALM BEACH, FL 33401			Mailing Address C/O FLORIDA MANAGMENT COMPANY P.O. BOX 3267 WEST PALM BEACH, FL 33402		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02142008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 65-1051492	
Zip		Country		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		
ECCLESTONE, E. LLWYD 1555 PALM BEACH LAKES BLVD. #1100 WEST PALM BEACH, FL 33401			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCP E. LLWYD, ECCLESTONE 1555 PALM BEACH LAKES BLVD. #1100 WEST PALM BEACH, FL 33401	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEVT COOPER, RON 1555 PALM BEACH LAKES BLVD. #1100 WEST PALM BEACH, FL 33401	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GAMMON, NANNETTE 1555 PALM BEACH LAKES BLVD #1100 WEST PALM BEACH, FL 33401	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D HELENA LEYENDECKER 1555 PALM BEACH LAKES BLVD, # 1100 WEST PALM BEACH, FL 33401	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T NANNETTE GAMMON 1555 PALM BEACH LAKES BLVD, # 1100 WEST PALM BEACH, FL 33401	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T NANNETTE GAMMON 1555 PALM BEACH LAKES BLVD, # 1100 WEST PALM BEACH, FL 33401	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T NANNETTE GAMMON 1555 PALM BEACH LAKES BLVD, # 1100 WEST PALM BEACH, FL 33401	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T NANNETTE GAMMON 1555 PALM BEACH LAKES BLVD, # 1100 WEST PALM BEACH, FL 33401	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <i>Nannette Gammon</i>			NANNETTE GAMMON 2/26/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		