2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

		EPURI (Ar	<u> </u>		$\gamma$ $N$	Iar 09, <b>2</b> 00	6 08:00	0 <b>AM</b>
DOCUMENT # P00000114927  71. Entity Name					Secretary of State			
OKEE-H,	INC.				7			
Principal Plac	e of Business	Mailing Address						
1125 NE 18TH ST BELLE GLADE FL 33430		1125 NE 18TH ST BELLE GLADE FL 33430				<b>Přitřu 11 seu cestí Seil Seil Seil</b>	er (1881 1181) Brides (8118 )(	Ell levingt a test
BELLE GLA	DE F	BELLE GLADE FC 33	1430					
2. Principal P	lace of Business	3. Mailing Address		~~ <del>~~~~~~~~</del>		BURELIN SEIN SEIN SEIN SEIN SEN	15 Mari 1991 Shir 1916 11	an 1997#21 11 1981
Suite, Apt. #, etc.		Suite, Apt. #. etc.			1st MOORE CR2E034 (10/05)			
City & State		City & State		4. FEI Numb	er 65-1068001		Applied Foi Not Applicable	
Zip	Country	Zip	Country		5. Certificate	e of Status Desired	□ \$8.75 Fee Req	Additional uired
	6. Name and Address of Curren	f Registered Agent			7. Name an	d Address of New Reg		
EVA	NS, BILLY R			Name				-
112	5 NE 18TH ST LE GLADE FL 33430			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
			}	City	- · <del></del>	<del></del>	FL Zip	Code
	named entity submits this statement	for the purpose of changing i	its registere	ed affice ar regis	tered agent, or b	oth, in the State of Florid	fa. I am familiar v	vilh, and accept
tria oongar	tions of registered agent.							
SIGNATURE .	Signature Typed or printed home of registered age	nt and tille it applicates (NC	OTE: Ragistarer	d Agent signature requ	irad when remstaling)	· <del>4</del>	DATE	<del></del>
F	ILE NOW!!! FEE IS \$150.00			<del></del>	<del> </del>	9. Election Campaig	n Financino	\$5.00 May Be
	May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department					Trust Fund Contril		Added to Fees
10.		D DIRECTORS	11.		ADDITIONS	} S/CHANGES TO OFFIC	ERS AND DIRECT	TORS IN 11
τπιτ	DP	☐ Delete	HIFE	}			Char	-
NAME STREET AUDRESS	EVANS, BILLY R 1125 NE 18TH ST		HAME STRE	ET AUDRESS		000000461 03/20/06-800	332	תמים
CITY-ST-ZIP	BELLE GLADE FL 33430		City	-S1- <i>I</i> 3P	_ <del>_</del>	03/20/05-200	149-022 15	
TITLE NAME		☐ Deleta	TITLE NAMI	í			☐ Chai	nge 🔲 Addisir
STREET ADDRESS				ET VOORESS				
City-SI-ZiP				-SI - ZIP				
TITLE NAME		☐ Detate	TOTAL	,			☐ Cha	uða 🔲 Vildagö
STREET ADDRESS			- 1	LI ADORESS				
DITE		☐ Delete	SILE	-ST- ZIP				nge 🔲 Additio
NAME		La Deleta	NAMI	}			(C) 01(0)	aga 🗀 tajama
STREET ACCIRCSS CHY-ST-ZIP			a e	ET ADDRESS -ST-ZIP				
TITLE		☐ Delete	TIRE		·-		☐ Cha	nge 🔲 Additio
NAME		<b></b> 9000	NAM	ξ.				
STREET ADDRESS CHY-ST-ZIP	,		•	ET ADDRESS -ST-ZIP				
INTLE		☐ Celete	HILL	<del></del>	<del></del>		Cha	nge 🔲 Adania
NAME	}		NAM	į.				<del>-</del>
STRELT ADDRESS CITY-ST-ZIP				EI ADORESS -ST-ZIP				
12. I hereby	certify that the information supplied in	with this filing does not qualif	v for the ex	xemplions conta	aned in Section 1	19, Florida Statutes, I to	urther certify that	the information
andicated of the co	d on this report or supplemental repor proporation or the receiver or trustee el ed. or on an attachment with an addr	t is true and accurate and the moowered to execute this rec	at my signa oort as reor	ture shalf have t uired by Chapte	he same legal eff r 607, Florida Stai	ect as if made under oa tutes; and that my name	th, that I am an ol appears in Block	flicer or director k 10 or Block 11

03/04/06

561-996-3949