


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000111781 1. Entity Name OKEECHOBEE FOODS, INC.	
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Principal Place of Business 902 CLINT MOORE ROAD SUITE 126 BOCA RATON, FL 33487	Mailing Address 902 CLINT MOORE ROAD SUITE 126 BOCA RATON, FL 33487
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04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0570546	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TRINGALI, JOHN M
902 CLINT MOORE ROAD
SUITE 126
BOCA RATON, FL 33487

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD S. JAMES TRINGALI 902 CLINT MOORE ROAD #126 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TRINGALI, JOHN M 902 CLINT MOORE ROAD #126 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZACCAGNINI, ELEANOR 902 CLINT MOORE ROAD #126 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/29/06-80033-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06

Date

561 994-3440

Daytime Phone #