

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000115105**

1. Entity Name

**A & M ENTERPRISES OF OKEECHOBEE, INC.**



Principal Place of Business

**3544 NW 8TH STREET  
OKEECHOBEE, FL 34972**

Mailing Address

**3544 NW 8TH STREET  
OKEECHOBEE, FL 34972**



06082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-1192906**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SANCHEZ, ANTONIO  
3544 NW 8TH STREET  
OKEECHOBEE, FL 34972**

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

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000567218  
06/15/06-80002-004 550.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SANCHEZ, ANTONIO  
3544 NW 8TH STREET  
OKEECHOBEE, FL 34972**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
SANCHEZ, MARTHA  
3544 NW 8TH STREET  
OKEECHOBEE, FL 34972**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:**

*Martha Sanchez*

*Sanchez*

*6 12-0 6*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #