

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90003 035 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000056439			
1. Entity Name SOUTHSTAR OF OKEECHOBEE, INC.			
Principal Place of Business 13521 GARRIS DRIVE HUDSON, FL 34667	Mailing Address 13521 GARRIS DRIVE HUDSON, FL 34667	40054140	
DO NOT WRITE IN THIS SPACE			
		02222008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 34-1988194	Applied For Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BAIRD, BEVERLY A 13521 GARRIS DRIVE HUDSON, FL 34667		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 _____ (NOTE: Registered Agent signature required when renewing) 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		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T BAIRD, BEVERLY A 13521 GARRIS DRIVE HUDSON, FL 34667		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S RICHARDSON, LINDA 6094 FULTON ROAD NEW BERLIN, IL 62670		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <u>Beverly A. Baird</u>		Beverly A. Baird	3-3-08 727-819-8115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #