


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90030 026 ***150.00

DOCUMENT # P04000095173 1. Entity Name OKEECHOBEE CONSULTING, INC.					
Principal Place of Business 6625 SE 53RD LN OKEECHOBEE, FL 34974			Mailing Address 6625 SE 53RD LN OKEECHOBEE, FL 34974		
2. Principal Place of Business		3. Mailing Address <i>411 Walnut St.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i># 3099</i>			
City & State		City & State <i>Green Cove Springs FL</i>		4. FEI Number 01052006 Chg-P CR2E034 (11/05) 42-1636126	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip <i>32043-3443</i>		Country <i>USA</i>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent WEAVER, DAVID 6625 SE 53RD LN OKEECHOBEE, FL 34974				7. Name and Address of New Registered Agent Name <i>Weaver, David</i> Street Address (P.O. Box Number is Not Acceptable) <i>411 Walnut St. #3099</i> City <i>Green Cove Springs FL</i> Zip Code <i>32043-3443</i>	
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 <i>David Weaver</i> <i>David Weaver</i> <i>5 Jan 06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD WEAVER, DAVID 6625 SE 53RD LN OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>411 Walnut St #3099</i> <i>Green Cove Springs FL 32043-3443</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEAVER, KATHRYN 6625 SE 53RD LN OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>411 Walnut St #3099</i> <i>Green Cove Springs FL 32043-3443</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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>David Weaver</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>5 Jan 2006</i> <i>614-202-9187</i> <small>Date Daytime Phone #</small>		