2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000116396

1. Entity Name
OKEECHOBEE UNLIMITED, INC.

ᴌ0020000

Principal Place of Business	Mailing Address
13830 SW 16TH DR OKEECHOBEE, FL 34974	13830 SW 16TH DR OKEECHOBEE, FL 34974

03212005   Chg-P   CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number 20-1524520   Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMYTHE, FRANK W 7648 SE BAY CEDAR CIRCLE HOBE SOUND, FL 33455	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	SMYTHE, SCOTT A		NAME			
STREET ADDRESS	13830 SW 16TH DR		STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE, FL 34974		CITY-ST-ZIP			
TITLE	S	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	SMYTHE, LISA M		NAME			
STREET ADDRESS	13830 SW 16TH DR		STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE, FL 34974		CITY-ST-ZIP			
TITLE	T	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	SMYTHE, FRANK W		NAME			
STREET ADDRESS	7648 SE BAY CEDAR CIRCLE		STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   SCOTT A. SMYTHE
PRESIDENT   3-30-05   (561)663-3267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #