

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000126949

FILED
Jan 29, 2009
Secretary of State

Entity Name: HERITAGE FINANCIAL SERVICES OF OKEECHOBEE, INC.

Current Principal Place of Business:

309 SW PARK ST
OKEECHOBEE, FL 34974

New Principal Place of Business:

215 SW 3RD STREET
OKEECHOBEE, FL 34974

Current Mailing Address:

309 SW PARK ST
OKEECHOBEE, FL 34974

New Mailing Address:

215 SW 3RD STREET
OKEECHOBEE, FL 34974

FEI Number: 20-1624902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, FLORENCE ANNE
309 SW PARK STREET
OKEECHOBEE, FL 34973 US

Name and Address of New Registered Agent:

WILLIAMS, FLORENCE ANNE
215 SW 3RD STREET
OKEECHOBEE, FL 34974 US

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.

SIGNATURE: FLORENCE WILLIAMS

01/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: WILLIAMS, FLORENCE
Address: 6500 SW 196 TERRACE
City-St-Zip: OKEECHOBEE, FL 34974

Title: VPS () Delete
Name: WILLIAMS, MATTHEW ALAN
Address: 6500 SW 196 TERR
City-St-Zip: OKEECHOBEE, FL 34974

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMS, FLORENCE
Address: 215 SW 3RD STREET
City-St-Zip: OKEECHOBEE, FL 34974

Title: V (X) Change () Addition
Name: WILLIAMS, MATTHEW ALAN
Address: 215 SW 3RD STREET
City-St-Zip: OKEECHOBEE, FL 34974

Title: S () Change (X) Addition
Name: WILLIAMS, JACQUELINE L
Address: 215 SW 3RD STREET
City-St-Zip: OKEECHOBEE, FL 34974

Title: T () Change (X) Addition
Name: WILLIAMS, MATTHEW A
Address: 215 SW 3RD STREET
City-St-Zip: OKEECHOBEE, FL 34974

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLORENCE ANNE WILLIAMS

P

01/29/2009

Electronic Signature of Signing Officer or Director

Date