

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000140201 1. Entity Name OKEECHOBEE INDUSTRIAL, INC.	
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Principal Place of Business 751 PARK OF COMMERCE DRIVE SUITE 128 BOCA RATON, FL 33487	Mailing Address 751 PARK OF COMMERCE DRIVE SUITE 128 BOCA RATON, FL 33487
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02152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-2062926	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COLMAN, NANCY B
BARITZ & COLMAN, LLP
150 E. PALMETTO PARK RD., SUITE 750
BOCA RATON, FL 33432

**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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIMMELRICH, SHELLY 751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PECHTER, JACK 751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LORING, DAVID 751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/17/06-80093-003 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/25/06