## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000162935

Entity Name: CGS OF OKEECHOBEE INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:		New Principal Pl	New Principal Place of Business:	
5959 SE FEDERAL HWY STUART, FL 34997			608 SW PARROTT AVENUE OKEECHOBEE, FL 33333	
Current Mailing Address:		New Mailing Add	New Mailing Address:	
5959 SE F STUART,	FL 34997	608 SW PARROT OKEECHOBEE, F		
FEI Number	: FEI Number Applied For (X)	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and	d Address of Current Registered Agent:	Name and Addre	ss of New Registered Agent:	
HERSCH, LARRY S 12249 US HWY 301 DADE CITY, FL 33525 US			CHAPMAN, H. L 3601 SW MASHIE COURT PALM CITY, FL 34990 US	
	e named entity submits this statement for the e of Florida.	purpose of changing its regis	tered office or registered agent, or both	
SIGNATUI	RE: H. L. CHAPMAN		04/29/2005	
	Electronic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	D () Delete GRIMES, JOHN 5959 SE FEDERAL HWY STUART, FL 34997	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete GRIMES, TABITHA 5959 SE FEDERAL HWY STUART, FL 34997	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete GILES, GREGG 5959 SE FEDERAL HWY STUART, FL 34997	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete GILES, JAMI 5959 SE FEDERAL HWY STUART, FL 34997	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete CHAPMAN, LEE 5959 SE FEDERAL HWY STUART, FL 34997	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D (X) Delete CHAPMAN, KATHY 5959 SE FEDERAL HWY STUART, FL 34997	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LEE CHAPMAN D 04/29/2005