

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90022 012 ***150.00

DOCUMENT # **P05000022803**

1. Entity Name

OKEECHOBEE METAL SALES, INC.



Principal Place of Business

2045 NE 7TH ST.
OKEECHOBEE FL 34972
US

Mailing Address

2045 NE 7TH ST.
OKEECHOBEE FL 34972
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **20-2332087**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMS, LAURA K
223 S. PARROTT AVE.
OKEECHOBEE FL 34974

7. Name and Address of New Registered Agent

Name **Jennifer Dunson**
Street Address (P.O. Box Number is Not Acceptable)
2045 NE 7TH ST.
Okeechobee **FL** Zip Code **34972**

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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when certifying)

DATE

4/25/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	DUNSON, SHELBY	
STREET ADDRESS	2045 NE 7TH ST.	
CITY-STATE-ZIP	OKEECHOBEE FL 34972	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KINDELL, ERIC	
STREET ADDRESS	2234 NE 7TH ST.	
CITY-STATE-ZIP	OKEECHOBEE FL 34972	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DUNSON, JENNIFER	
STREET ADDRESS	2045 NE 7TH ST.	
CITY-STATE-ZIP	OKEECHOBEE FL 34972	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KINDELL, MELISSA	
STREET ADDRESS	2234 NE 7TH ST.	
CITY-STATE-ZIP	OKEECHOBEE FL 34972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jennifer Dunson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07 803-634-8384
DATE Daytime Phone #