


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 08:00 A
Secretary of State

DOCUMENT # P06000110564 1. Entity Name FULFORD ENTERPRISES OF OKEECHOBEE, INC.	
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Principal Place of Business 4685 GOODNO RD MOORE HAVEN, FL 33471.	Mailing Address 4685 GOODNO RD MOORE HAVEN, FL 33471
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01242008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5333747	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FULFORD, GENE B JR 4685 GOODNO RD MOORE HAVEN, FL 33471
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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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE: _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees.	U000000834260 02/28/08-80046-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FULFORD, GENE B JR 4685 GOODNO RD MOORE HAVEN, FL 33471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FULFORD, DEBORAH A 4685 GOODNO RD MOORE HAVEN, FL 33471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FULFORD, BOBBY J 7230 NW 80TH CT OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FULFORD, BOBBY J JR 8800 N WAYMAN RD MOORE HAVEN, FL 33471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: <u>Gene Fulford</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____	Daytime Phone # <u>239-633-4833</u>
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