

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90268 004 ***150.00

DOCUMENT # P14409

1. Entity Name
THE CHOBEE LAND ENTERPRISES COMPANY



Principal Place of Business
**8550 OKEECHOBEE RD
FORT PIERCE, FL 34945 US**

Mailing Address
**102 N WESTGATE
JACKSONVILLE, IL 62650 US**

50005639



03062006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1205183

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FEE, FRANK H., III
401A SOUTH INDIAN RIVER DRIVE
FT. PIERCE, FL 33454**

Name
Ruth C. Mead

Street Address (P.O. Box Number is Not Acceptable)
216 South Beach Road

City
Hobe Sound

FL Zip Code
33455

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

Ruth C. Mead

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-11-06

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MEAD, RUTH C.
STREET ADDRESS 216 SOUTH BEACH RD
CITY-ST-ZIP HOBE SOUND, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BARKER, RUTH M.
STREET ADDRESS 126 WEST FIELD ST
CITY-ST-ZIP DEDHAM, MA 02026

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PRYOR, EMILIE M
STREET ADDRESS 15 REXFORD ROAD
CITY-ST-ZIP WEST CORNWALL, CT

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MEAD, DEXTER C.
STREET ADDRESS 650 MINE RIDGE RD
CITY-ST-ZIP GREAT FALLS, VA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MEAD, NELSON S., JR.
STREET ADDRESS 210 GILMAN ROAD
CITY-ST-ZIP YARMOUTH, ME 04096

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Ruth C. Mead*

Ruth C. Mead, President

3-11-06 (217)243-4397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #