2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

DOCUMENT # P9200004086 1. Entity Name SEMINOLE OF OKEECHOBEE/JUPITER, INC.						04-21-200	8 90076 043 ***1.	50.00	
Principal Place of Business Mailing Address									
803 W. S. PARK STREET OKEECHOBEE, FL 34974 US		803 W.S. PARK STREET OKEECHOBEE, FL 34974 US			1 IEE/IVE()		NOM GENI ENIK NEN BENEK KNIK I	::III 4 B I II 4 8 B 1	
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04182008	Chg-P	CR2E034 (12/06)		
City & State		City & State			4. FEI Numbi 65-039)	pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certinsale	of Status Desired	\$8.75 Ad Fee Requir	ditional_	
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New	Registered Agent		
COOK JOHN B				Name					
COOK, JOHN R 202 N.W. 5TH AVENUE OKEECHOBEE, FL 34972			Street A	Street Address (P.O. Box Number is Not Acceptable)					
•			City	City FL Zip Code					
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									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FFICERS AND DIRECTOR	RS IN 11	
TITLE	P	Delete	TITLE	P			Change	☐ Addition	
NAME	BYRD, JIM L S 2118 S.E. 38 STREET		NAME	Jin	my 2.	Byrd Jr	1		
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY+ST-ZIP	Jimmy L Byrd Jr. 2118 SE 38++ Trail OKecchobee, Fl 34974					
TITLE	S	Delete	TITLE	UK	eccesobe	e, 01 37	Change	Addition	
NAME	BYRD, \$HERYL	Delete	NAME				[] Change	C) Addition	
STREET ADDRESS	803 SW PARK ST	·	STREET ADDRESS						
CITY-ST-ZIP	OKEECHOBEE, FL 34974		CITY-ST-ZIP						
TITLE		Delete	TITLE				☐ Change	Addition Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Defete	TITLE				☐ Change	Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-7IP			STREET ADDRESS CITY-ST-ZIP						
TITLE		· Delete	TITLE				Change	☐ Addition	
NAME		Delete	NAME		•	· · · · —		, addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP		——————————————————————————————————————	CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-21P			CITY-ST-ZIP						
43 Ibasabu	actify that the information guardied with	this filing class and avalled for the		ontainad	Lin Chanter 110	Elevide Statutes	I further cortify that the	nformation	

12. 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 eath; 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:

MATURE AND VIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-08 863-763-006