

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90034 019 ***150.00

DOCUMENT # P93000041813

1. Entity Name

OKEECHOBEE LANDINGS, INC.



Principal Place of Business

~~US HWY 27 SO~~ **420 Holiday Blvd.**
CLEWISTON FL 33440
US

Mailing Address

~~P.O. BOX 153~~ **420 Holiday Blvd.**
CLEWISTON FL 33440
US

2. Principal Place of Business

OKEECHOBEE LANDINGS RV RESORT **420 Holiday Blvd.**
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Clewiston, Florida

City & State

4. FEI Number

65-0418902

Applied For

Not Applicable

Zip
33440

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARE, LEROY
420 HOLIDAY BLVD.
CLEWISTON FL 33440

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HARE, LEROY
STREET ADDRESS 425 EAST HAITI
CITY-ST-ZIP CLEWISTON FL 33440

TITLE VST ☐ Delete
NAME FARISH, JOS. D. J
STREET ADDRESS 316 BANYAN BOULEVARD
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE VP ☐ Delete
NAME HARE, SANDRA
STREET ADDRESS 425 EAST HAITI
CITY-ST-ZIP CLEWISTON FL 33440

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-24-05 **(863)**
983-8144