


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000085732	
1. Entity Name L & D OF OKEECHOBEE, INC.	

Principal Place of Business 105 US HIGHWAY 98 NORTH OKEECHOBEE, FL 34972 US	Mailing Address 105 US HIGHWAY 98 NORTH OKEECHOBEE, FL 34972 US
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01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0630144	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEWIS, ALAN
105 HIGHWAY 98 NORTH
OKEECHOBEE, FL 34972**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, ALAN 6000 NORTHWEST 30TH STREET OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DURRANCE, C. ROLAND II 2155 SOUTHWEST 32ND STREET OKEECHOBEE, FL
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01/20/04-80040-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **D. Alan Lewis, President** **1-13-04** **813-763-2984**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #