

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90010 017 ***150.00

DOCUMENT # P96000002931

1. Entity Name
PORTER PROPERTIES OF OKEECHOBEE, INC.



Principal Place of Business
818 HWY 441 SE
OKEECHOBEE, FL 34974 US

Mailing Address
818 HWY 441 SE
OKEECHOBEE, FL 34974 US

94024584



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0652537

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PORTER, STEPHEN G
818 HIGHWAY 441 S.E.
OKEECHOBEE, FL 34974

**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 _____

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, 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	PD
NAME	PORTER, STEPHEN G
STREET ADDRESS	818 HWY 441 SE
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	STD
NAME	PORTER, MARY A
STREET ADDRESS	818 HWY 441 SE
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	V
NAME	MINDY SCHOPP MEYER
STREET ADDRESS	818 HWY 441 SE
CITY-ST-ZIP	OKEECHOBEE, FL 34974
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 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

STEPHEN G. PORTER

Date

2-26-04

Daytime Phone #

863-763-
8872