

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 10, 2004 8:00 am**  
**Secretary of State**

06-10-2004 90003 014 \*\*\*158.75

**DOCUMENT # P96000074010**

1. Entity Name  
**OKEECHOBEE BUSINESS VENTURES, INC.**



Principal Place of Business  
**1115 N PARROTT AVE  
SUITE 10  
OKEECHOBEE, FL 34950 US**

Mailing Address  
**1900 NEBRASKA AVENUE  
SUITE 10  
FT. PIERCE, FL 34950**

**54057136**



2. Principal Place of Business

3. Mailing Address

**1331 N. Lawnwood Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06032004

Chg-P

CR2E034 (10/03)

City & State

City & State

**Ft. Pierce, FL**

4. FEI Number

**65-0694177**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34950**

**USA**

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

**KORLIPARA, A. PRASAD  
1900 NEBRASKA AVENUE  
SUITE 10  
FT. PIERCE, FL 34950**

Name

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

**1331 N. Lawnwood Circle**

City

**Ft. Pierce**

**FL**

Zip Code

**34950**

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

**06/07/04**

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
D  
KORLIPARA, A. PRASAD ☐ Delete  
STREET ADDRESS  
1900 NEBRASKA AVENUE, SUITE 10  
CITY-ST-ZIP  
FT. PIERCE, FL 34950

TITLE  
NAME  
1331 N. Lawnwood Circle ☒ Change ☐ Addition  
STREET ADDRESS  
Ft. Pierce, FL 34950  
CITY-ST-ZIP

TITLE  
NAME  
V  
WOODY, RONALD H. ☐ Delete  
STREET ADDRESS  
1900 NEBRASKA AVE., STE. 10  
CITY-ST-ZIP  
FT. PIERCE, FL

TITLE  
NAME  
1331 N. Lawnwood Circle ☒ Change ☐ Addition  
STREET ADDRESS  
Ft. Pierce, FL 34950  
CITY-ST-ZIP

TITLE  
NAME  
TS  
KUMAR, RAMESH T ☐ Delete  
STREET ADDRESS  
1900 NEBRASKA AVE SUITE 10  
CITY-ST-ZIP  
FT. PIERCE, FL

TITLE  
NAME  
1331 N. Lawnwood Circle ☒ Change ☐ Addition  
STREET ADDRESS  
Ft. Pierce, FL 34950  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
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 #

**06/07/04**