

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90079 028 ***150.00

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1. Entity Name

OKEECHOBEE INN, INC.



Principal Place of Business

265 N US 27
SOUTH BAY, FL 33493

Mailing Address

1075 S MAIN ST
BELLE GLADE, FL 33430

94006374



01222004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0712101

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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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 PTD
NAME PATEL, ASHOK J
STREET ADDRESS 834 CARAWAY COURT
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE VD
NAME PATEL, NAVNIT J
STREET ADDRESS 834 CARAWAY COURT
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE SD
NAME PATEL, RAJENDRA B
STREET ADDRESS 834 CARAWAY COURT
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE VP
NAME PATEL, SHILPA A
STREET ADDRESS 834 CARAWAY COURT
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE VD
NAME PATEL, DHARMISTA A
STREET ADDRESS 834 CARAWAY COURT
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE VD
NAME PATEL, DAKSHA R
STREET ADDRESS 834 CARAWAY COURT
CITY-ST-ZIP WELLINGTON, FL 33414

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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

Date

Daytime Phone #