

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000097310

Entity Name: OKEECHOBEE INN, INC.

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

668 67 ST CIR E
BRADENTON, FL 34208

New Principal Place of Business:

Current Mailing Address:

668 67 ST CIR E
BRADENTON, FL 34208

New Mailing Address:

FEI Number: 65-0712101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIEDER, ED
325 N KROME AVE
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: PATEL, ASHOK J
Address: 834 CARAWAY COURT
City-St-Zip: WELLINGTON, FL 33414

Title: VD () Delete
Name: PATEL, NAVNIT J
Address: 2805 FAIRWAY DR
City-St-Zip: HOMESTEAD, FL 33035

Title: SD () Delete
Name: PATEL, RAJENDRA B
Address: 1202 N KROLLE AVE
City-St-Zip: FLORIDA CITY, FL 33034

Title: D () Delete
Name: PATEL, SHITAL
Address: 1202 N KROME AVE
City-St-Zip: FLORIDA CITY, FL 33034

Title: D () Delete
Name: PATEL, DIPESH
Address: 668 67TH ST CIR E
City-St-Zip: BRADENTON, FL 34208

Title: D () Delete
Name: PATEL, ASHWIN
Address: 668 67TH ST CIR E
City-St-Zip: BRADENTON, FL 34208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIPESH PATEL

GM

04/08/2009

Electronic Signature of Signing Officer or Director

Date