2008 FOR PROFIT CORPORATION ANNUAL-REPORT (AR)

May 02, 2008 08:00 AN Secretary of State DOCUMENT # P97000046863 1. Entity Name LAKE-OKEE, INC. Principal Place of Business Mailing Address 1799 S PARROTT AVE 1799 S PARROTT AVE OKEECHOBEE FL 34974 OKEECHOBEE FL 34974 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Stite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number Applied For City & State 65-0768731 Not Applicable Zip Country Ζp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARTON, LISA A Street Address (P.O. Box Number is Not Acceptable) 1401 WEST AVENUE A **BELLE GLADE FL 33430** City Zip Code 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 registrand agent unit sits. Lapplicable, (NOTE: Registered Agent eignatum required when reimstating) DATE FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ___ Addition TITLE ☐ Dalete TITLE NAME BARTON, LISA A U00000945236 05/29/08-80131-017 150.00 533 1/2 S.E. AVENUE E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BELLE GLADE FL 33430 CITY-ST-ZIP TITLE ☐ Defete ☐ Change Addition NAME LEWIS, DORIS A STREET ADDRESS STREET ADDRESS 616 SE 9TH ST BELLE GLADE FL 33430 CITY-ST-ZIP CITY-ST-ZIP HILE THEE Change Addition Derete 4 ---Mary . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREE! ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information

FILED

SIGNATURE: Signature And Typed On Printed Name Of Signing Officer on Director 4-29-08 863-763-8878

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