

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000046863

FILED
Apr 22, 2009
Secretary of State

Entity Name: LAKE-OKEE, INC.

Current Principal Place of Business:

1799 S PARROTT AVE
OKEECHOBEE, FL 34974 US

New Principal Place of Business:

Current Mailing Address:

1799 S PARROTT AVE
OKEECHOBEE, FL 34974 US

New Mailing Address:

FEI Number: 65-0768731 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTON, LISA A
1401 WEST AVENUE A
BELLE GLADE, FL 33430 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: D () Delete
Name: BARTON, LISA A
Address: 533 1/2 S.E. AVENUE E.
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: LEWIS, DORIS A
Address: 616 SE 9TH ST
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BARTON, LISA A
Address: 1401 W AVE A
City-St-Zip: BELLE GLADE, FL 33430

Title: D (X) Change () Addition
Name: LEWIS, DORIS A
Address: P.O. BOX 2352
City-St-Zip: BELLE GLADE, FL 33430

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: LISA A BARTON

SEC

04/22/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date