2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003
Secretary of State

DOCUMENT# P97000066572

Entity Name: ACTION WELL WORKS OF OKEECHOBEE, INC.

Current Principal Place of Business:

605 W.S. PARK ST
SUITE 215
OKEECHOBEE, FL 34972 US

New Principal Place of Business:

2912 NW 35 DRIVE
OKEECHOBEE, FL 34972 US

Current Mailing Address:

605 W.S. PARK STREET
SUITE 215
OKEECHOBEE, FL 34972 US

New Mailing Address:

P.O. BOX 1084
OKEECHOBEE, FL 34973 US

FEI Number: 65-0772745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOOLSBY, ERNEST C II
5801 HWY 98 NORTH
OKEECHOBEE, FL 34972 US

Name and Address of New Registered Agent:

CORWIN, MIKE D
2912 NW 35 DRIVE
OKEECHOBEE, FL 34972 US

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: MIKE D. CORWIN 04/28/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GOOLSBY, ERNEST C II
Address: 5801 HWY 98 NORTH
City-St-Zip: OKEECHOBEE, FL 34972

Title: PT ( ) Delete
Name: CORWIN, MIKE
Address: 605 W.S PARK ST.STE 215
City-St-Zip: OKEECHOBEE, FL 34972

Title: V ( ) Delete
Name: CORWIN, MARK
Address: 605 W.S PARK ST.STE 215
City-St-Zip: OKEECHOBEE, FL 34972

Title: S ( ) Delete
Name: GOGGANS, BILLY P
Address: 605 W.S PARK ST.STE 215
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CORWIN, MIKE D D
Address: 2912 NW 35 DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: PT (X) Change ( ) Addition
Name: CORWIN, MIKE D PT
Address: 2912 NW 35 DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: V (X) Change ( ) Addition
Name: CORWIN, MARK A
Address: 2912 NW 35 DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: S (X) Change ( ) Addition
Name: GOGGANS, BILLY J S
Address: 2912 NW 35 DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MIKE D. CORWIN DPT 04/28/2003
Electronic Signature of Signing Officer or Director Date