## 2004 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 30, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P03000127763** 04-30-2004 90374 017 \*\*\*150.00 OVER-ALL HOME REPAIR & IMPROVEMENT, INC. Principal Place of Business Mailing Address 509 S PENINSULA 509 S PENINSULA NEW SMYRNA BCH, FL 32141 NEW SMYRNA BCH, FL 32141 2. Principal Place of Business Mailing Address AVE 509 S. FENINSULA AND 509 S. PENINSULA Suite, Apt. #, etc Suite, Apt. #, etc. 04062004 CR2E034 (10/03) Cha-P Applied For 70061300 FW SMYENA BCh Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name FORAND, ROBER FORAND, ROBERT D Street Address (P.O. Box Number is Not Acceptable) **509 S PENINSULA** NEW SMYRNA BCH, FL 32141 AVE AIUSUNA 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 triggeture required when registering). DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Change Addition TITLE TITLE FORAND, ROBERT D NAME 509 S PENINSULA STREET ADDRESS STREET ADDRESS 169 CITY-ST-ZIP NEW SMYRNA BCH, FL 321417 CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIF CITY-ST-ZIP 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

FILED