## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 09, 2004 8:00 am Secretary of State DOCUMENT # F77392 1. Entity Name 04-09-2004 90059 043 \*\*\*150.00 OVERLAND, INC. Principal Place of Business Mailing Address 7150 N TAMIAMI TERRACE 7150 N TAMIAMI TR **36269020** SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2270128 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRAHAM, CYNTHIA B Street Address (P.O. Box Number is Not Acceptable) 7150 N. TAMIAMI TERRACE **BRADENTON FL 34205** 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. 2 pril 6, 200 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees-Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition GRAHAM, CYNTHIA B NAME NAME 7150 N TAMIAMI TR STREET ADDRESS STREET ADDRESS SARASOTA FL 34243 CITY-ST-ZIP CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Change Addition GRAHAM, ROBERT C MARKE STREET ADDRESS 7150 N TAMIAMI TR STREET-ADDRESS CITY-ST-ZIP 1 SARASOTA FL 34243 CITY-ST-ZIP TITLE ☐ Delete \_\_\_\_ Change\_ ■ Addition NAME GRAHAM, DOUGLAS C NAME STREET ADDRESS 7150'N TAMIAMI'TR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-ZIP T(T) F Delete Change ☐ Addition GRAHAM, ROGER D NAME NAME STREET ADDRESS 7150 N. TAMIAMI TR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 changed, or on an attachment with an address, with all other like empowered.

FILED

April 10, 2004 351 - 0754