

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F78554	
1. Entity Name OVERALL MANAGEMENT, INC.	

Principal Place of Business 1074 SEASIDE DR. % MARY WEISS (P.O. BOX 971) CRYSTAL BEACH, FL 34681	Mailing Address PO BOX 971 CRYSTAL BCH, FL 34681 US
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03162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2195748	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PRICE, BILL 29605 US HWY 19 N CLEARWATER, FL 34621
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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 fee if applicable. (NOTE: Registered Agent signature required when reappointing) (MTC)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISS, MARY 1074 SEASIDE DR. CRYSTAL BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEISS, BARRY 1074 SEASIDE DR. CRYSTAL BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEISS, JEREMY 2180 NW FLANDERS ST PORTLAND, OR 97210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE: B. Weiss V.P. **3/16/04** **727.785-6553**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #