



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # F90207			
1. Entity Name ADVANCED OVERHEAD SYSTEMS INCORPORATED			
Principal Place of Business 3510 CRAFTSMAN BLVD PO BOX 5498 LAKELAND, FL 33807	Mailing Address 3510 CRAFTSMAN BLVD PO BOX 5498 LAKELAND, FL 33807		
DO NOT WRITE IN THIS SPACE			
		03012006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3193520	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HARRELL, WILLIAM Y 3510 CRAFTSMAN BLVD. LAKELAND, FL		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		U00000470397 03/28/06-80012-011 150.00	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRELL, WILLIAM Y 4910 LUCE ROAD LAKELAND, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARRELL, MARY E 4910 LUCE ROAD LAKELAND, FL 338132328		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>William Y. Harrell V-Poss. Dir</u>		3-11-06 863-665-1321	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

WILLIAM Y. HARRELL V-POSS. DIR