

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F90207

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Entity Name:** ADVANCED OVERHEAD SYSTEMS INCORPORATED

**Current Principal Place of Business:**

3510 CRAFTSMAN BLVD  
3510 CRAFTSMAN BLVD.  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

3510 CRAFTSMAN BLVD  
PO BOX 5498  
LAKELAND, FL 338075498

**New Mailing Address:**

**FEI Number:** 59-3193520

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARRELL, WILLIAM Y  
4910 LUCE ROAD  
LAKELAND, FL 338132328 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: HARRELL, WILLIAM Y  
Address: 4910 LUCE ROAD  
City-St-Zip: LAKELAND, FL 338132328

Title: STD  
Name: HARRELL, MARY E  
Address: 4910 LUCE ROAD  
City-St-Zip: LAKELAND, FL 338132328

Title: D  
Name: HARRELL, STUART K  
Address: 3014 FOREST CLUB DRIVE  
City-St-Zip: PLANT CITY, FL 33566

I hereby 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 all other like empowered.

SIGNATURE: MARY E. HARRELL

STD

02/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date