

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**




**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90020 028 \*\*\*150.00

66407096



MOORE CR2E034 (11/03)

<b>DOCUMENT # K95764</b> 1. Entity Name <b>CALIENDO OVERLAND CORPORATION</b>			
Principal Place of Business PO BOX 248 BRANSON MO 65615 US		Mailing Address PO BOX 248 BRANSON MO 65615 US	
2. Principal Place of Business <b>ABOVE</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2953499</b>		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 <b>CALIENDO, RICHARD</b> <del>460 STAN DR.</del> <b>MELBOURNE FL 32904</b>  NO MAIL TO THIS ADDRESS		7. Name and Address of New Registered Agent Name <b>RICHARD CALIENDO</b> Street Address (P.O. Box Number is Not Acceptable) <b>480 DEER RUN RD</b> <b>BRANSON MO 65615</b> City <b>Ocala FL</b> Zip Code <b>34471</b>	
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:  DATE: <b>2-10-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDM CALIENDO, RICHARD S MR PO BOX 7357V BRANSON MO 65615 <i>correct</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(f), 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: 		Date: <b>2-10-04</b>	Daytime Phone #: <b>417-294-5312</b>