


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000073927 1. Entity Name ALL-OVER ENTERPRISES, INC.	
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Principal Place of Business 81 7TH AVE. SHALIMAR, FL 32579	Mailing Address 81 7TH AVE. SHALIMAR, FL 32579
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01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3666233	Applied For <input checked="" 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 FLEET, H. BART FLEET, SPENCER, MARTIN & KILPATRICK, PA 1104 EGLIN PARKWAY SHALIMAR, FL 32579-0000

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PO OLIVER, FORREST 81 7TH AVE. SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD OLIVER, KENNETH 81 7TH AVE. SHALIMAR, FL 32579
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01/21/04-80007-014 150.00

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IN THIS SPACE**

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: Forrest Oliver 1/14/04 850-651-5384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #