

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

was unable to  
use website  
Check for annual  
fee enclosed \$150.00

DOCUMENT # P00000073927

1. Entity Name  
ALL-OVER ENTERPRISES, INC.



Principal Place of Business  
81 7TH AVE.  
SHALIMAR, FL 32579

Mailing Address  
81 7TH AVE.  
SHALIMAR, FL 32579



05022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3666233	Applied For 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000762018  
05/25/07-80079-024 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME OLIVER, FORREST  
STREET ADDRESS 81 7TH AVE.  
CITY-ST-ZIP SHALIMAR, FL 32579

TITLE STD  
NAME OLIVER, KENNETH  
STREET ADDRESS 81 7TH AVE.  
CITY-ST-ZIP SHALIMAR, FL 32579

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

**DO NOT WRITE  
IN THIS SPACE**

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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/07