

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P01000014170

1. Entity Name

T. OVERSTREET CONSTRUCTION COMPANY, INC.



Principal Place of Business

21426 CARSON DR.  
LAND O LAKES, FL 34639

Mailing Address

21426 CARSON DR.  
LAND O LAKES, FL 34639

FILED

05 MAY -6 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3703075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KLIMIS P.A., GEORGE N  
27 E. ORANGE ST.  
TARPOON SPRINGS, FL 34689

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 \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OVERSTREET, THOMAS E JR.
STREET ADDRESS	3936 JENITA DR.
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	VP
NAME	OVERSTREET, THOMAS E SR.
STREET ADDRESS	17728 US 41
CITY-ST-ZIP	SPRINGHILL, FL 34610
TITLE	ST
NAME	OVERSTREET, STACEY L
STREET ADDRESS	3936 JENITA DR.
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900054013299  
05/06/05--01063--007 \*\*550.00

DO NOT WRITE  
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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stacey L Overstreet 5-105 83909-2249

5/9/05