

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000020646

FILED  
Jul 10, 2006  
Secretary of State

Entity Name: ED OVERSTREET INSURANCE, INC.

## Current Principal Place of Business:

887 S. FERDON BLVD  
CRESTVIEW, FL 32526 US

## New Principal Place of Business:

887 S. FERDON BLVD  
CRESTVIEW, FL 32536 US

## Current Mailing Address:

887 S. FERDON BLVD  
CRESTVIEW, FL 32526 US

## New Mailing Address:

887 S. FERDON BLVD  
CRESTVIEW, FL 32536 US

FEI Number: 01-0635587

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

POWELL, GILLIS E JR  
422 NORTH MAIN STREET  
CRESTVIEW, FL 32536 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: OVERSTREET, HUGH E  
Address: 153 PARK AVENUE  
City-St-Zip: CRESTVIEW, FL 32536

Title: VSTD ( ) Delete  
Name: OVERSTREET, ELEANOR D  
Address: 153 PARK AVENUE  
City-St-Zip: CRESTVIEW, FL 32536

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: OVERSTREET, HUGH E  
Address: 3168 HWY 602  
City-St-Zip: LAUREL HILL, FL 32567

Title: VSTD (X) Change ( ) Addition  
Name: OVERSTREET, ELEANOR D  
Address: 3168 HWY 602  
City-St-Zip: LAUREL HILL, FL 32567

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELEANOR D OVERSTREET

VSTD

07/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date