

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90101 010 \*\*\*150.00

**DOCUMENT # P02000125215**

1. Entity Name

KALEIDOSCOPE PREFERRED SERVICES, INC.



Principal Place of Business

7956 LOLA CIRCLE  
NAVARRE FL 32566

Mailing Address

7956 LOLA CIRCLE  
NAVARRE FL 32566

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0492458

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Thompson-Overman, Mary*  
~~LANCASTER, MARY T~~  
7956 LOLA CIRCLE  
NAVARRE FL 32566

Name

*Mary Thompson-Overman*

Street Address (P.O. Box Number is Not Acceptable)

*7956 Lola Circle*

City

*Navarre, FL*

FL

Zip Code

*32566*

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LANCASTER, MARY T  
CITY-ST-ZIP 7956 LOLA CIRCLE  
NAVARRE FL 32566

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME *Thompson-Overman, Mary*  
STREET ADDRESS *7956 Lola Circle*  
CITY-ST-ZIP *Navarre, FL 32566*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an address, with all other like empowered.

SIGNATURE:

*Mary Thompson-Overman*

Date

Daytime Phone #

*3/15/06 852-939-6522*

ATTACHMENT

40032117

Department of Health & Vital Statistics

STATE OF FLORIDA  
MARRIAGE RECORD

TYPE IN UPPER CASE

USE BLACK INK

This Record not valid unless seal of Clerk,  
Circuit or County Court, appears thereon

(STATE FILE NUMBER)

#102000125215

2005 ML 253450

APPLICATION NUMBER

APPLICATION TO MARRY

1. GROOM'S NAME (Print, Middle, Last) LAURENCE DAVID OVERMAN			2. DATE OF BIRTH (Month, Day, Year) 02/08/1950	
3a. RESIDENCE - CITY, TOWN, OR LOCATION NAVARRE	3b. COUNTY SANTA ROSA	3c. STATE FL	4. BIRTHPLACE (State or Foreign Country) MARYLAND	
5a. BRIDE'S NAME (Print, Middle, Last) MARY FRANCES LANCASTER		5b. MARRIAGE SURNAME (if different) THOMPSON	6. DATE OF BIRTH (Month, Day, Year) 09/20/1945	
7a. RESIDENCE - CITY, TOWN, OR LOCATION NAVARRE	7b. COUNTY SANTA ROSA	7c. STATE FL	8. BIRTHPLACE (State or Foreign Country) DISTRICT OF COLUMBIA	

WE THE SIGNED HEREIN IN THE PRESENCE OF EACH OTHER, DO HEREBY CERTIFY THAT THE INFORMATION FURNISHED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE FOR THE ISSUANCE OF A LICENSE TO AUTHORIZES THE STATE IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.



9. SIGNATURE OF GROOM <i>Laurence David Overman</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 05/10/2005
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL, and seal (if) <i>Mary M. Johnson</i> D.C.
13. SIGNATURE OF BRIDE <i>Mary Frances Lancaster</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 05/10/2005
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL, and seal (if) <i>Mary M. Johnson</i> D.C.

LICENSE TO MARRY

AUTHORITIES THE LICENSE IS HEREBY GRANT TO ANY PERSONS DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO EXCHANGE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.



17. COUNTY ISSUING LICENSE SANTA ROSA	18. DATE LICENSE ISSUED 05/10/2005	19. DATE LICENSE EFFECTIVE 05/13/2005	20. EXPIRATION DATE 07/12/2005
21a. SIGNATURE OF COURT CLERK OR JUDGE <i>Mary M. Johnson</i>		21b. TITLE CLERK OF CIRCUIT COURT	21c. BY D.C. LM

CERTIFICATE OF MARRIAGE

22. DATE OF MARRIAGE (Month, Day, Year) 05/24/05		23. CITY, TOWN, OR LOCATION OF MARRIAGE Navarre, FL	
24. SIGNATURE OF GROOM <i>Laurence David Overman</i>		25. SIGNATURE OF BRIDE <i>Mary Frances Lancaster</i>	
26. SIGNATURE OF WITNESS TO CEREMONY <i>John D. Overman</i>		27. SIGNATURE OF WITNESS TO CEREMONY <i>Patricia J. Russell</i>	

CERTIFIED A TRUE  
AND CORRECT COPY  
CLERK CIRCUIT COURT  
MARY M. JOHNSON

BY *Mary M. Johnson*  
DEPUTY CLERK  
DATE 05/24/05