2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90374 017 ***150.00

DOCUMENT # P03000127763

1. Entity Name
OVER-ALL HOME REPAIR & IMPROVEMENT, INC.

Principal Place of Business	Mailing Address
509 S PENINSULA NEW SMYRNA BCH, FL 32141	509 S PENINSULA NEW SMYRNA BCH, FL 32141

04062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
509 S. PENINSULA AVE	509 S. PENINSULA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW SMYRNA Bch Fla.	City & State: NEW SMYRNA Bch Fla.
Zip: 32169 Country: USA	Zip: 32169 Country: USA

4. FEI Number 270061300 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FORAND, ROBERT D
509 S PENINSULA
NEW SMYRNA BCH, FL 32141

7. Name and Address of New Registered Agent

Name FORAND, ROBERT D.
Street Address (P.O. Box Number is Not Acceptable)
509 S. PENINSULA AVE
City NEW SMYRNA Bch FL Zip Code 32169

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FORAND, ROBERT D		NAME		
STREET ADDRESS	509 S PENINSULA		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH, FL ~~32141~~ 32169		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Robert D Forand ROBERT D. FORAND 4/28/04 386-679-2927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #