

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Aug 18, 2008 08:00 AM
Secretary of State**

DOCUMENT # P03000127763 1. Entity Name OVER-ALL HOME REPAIR & IMPROVEMENT, INC.	
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Principal Place of Business 509 S. PENINSULA AVE NEW SMYRNA BEACH, FL 32169 US	Mailing Address 509 S. PENINSULA AVE NEW SMYRNA BEACH, FL 32169 US
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DO NOT WRITE IN THIS SPACE



07312008 No Chg-P CR2E034 (11/05)

4. FEI Number 27-0061300	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FORAND, ROBERT D
509 S PENINSULA AVE
NEW SMYRNA BEACH, FL 32169**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000957883
08/18/08-80006-020 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FORAND, ROBERT D 509 S PENINSULA NEW SMYRNA BEACH, FL 32169
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 an address, with all other like empowered.

SIGNATURE: Robert D Forand 08-10-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #