

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000127763

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



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

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



07312008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
27-0061300

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	DPST
NAME	FORAND, ROBERT D
STREET ADDRESS	509 S PENINSULA
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-10-08

Date

Daytime Phone #