

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2004 8:00 am
Secretary of State

02-27-2004 90037 035 ***150.00

66405524



MOORE CR2E034 (11/03)

DOCUMENT # P03000136639 1. Entity Name OVERHAUL INTERIORS, INC.					
Principal Place of Business 5323 MAYFAIR COURT CAPE CORAL FL 33904-5971			Mailing Address 5323 MAYFAIR COURT CAPE CORAL FL 33904-5971		
2. Principal Place of Business 6300 ST. POINT BLVD		3. Mailing Address 6300 ST. POINT BLVD			
Suite, Apt. #, etc. Apt 203		Suite, Apt. #, etc. APT 203			
City & State FT MYERS, FLA		City & State FT MYERS, FL		4. FEI Number 52-2416987	
Zip 33919		Country LEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEZTZER, BARRY A 5323 MAYFAIR COURT CAPE CORAL FL 33904-5971			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6300 ST. POINT BLVD APT 203 City FT MYERS, FL Zip Code 33919		
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 renaming) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MEZTZER, BARRY A 5323 MAYFAIR COURT CAPE CORAL FL 33904-5971		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6300 ST. POINT BLVD, APT 203 FT MYERS, FL 33919		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Barry A. Metzger</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2/16/04</u>		Daytime Phone #: <u>239-565-0215</u>