


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90069 005 ***150.00

DOCUMENT # P04000058357			
1. Entity Name MICHAEL J. OVERBECK, P.A.			
Principal Place of Business 625 NORTH FLAGLER DRIVE 9TH FLOOR WEST PALM BEACH FL 33401 US		Mailing Address 625 NORTH FLAGLER DRIVE 9TH FLOOR WEST PALM BEACH FL 33401 US	
2. Principal Place of Business 4590 PGA BLVD		3. Mailing Address 4590 PGA BLVD	
Suite, Apt. #, etc. 204		Suite, Apt. #, etc. 204	
City & State Palm Beach Gardens FL		City & State Palm Beach Gardens FL	
Zip 33418	Country USA	Zip 33418	Country USA
6. Name and Address of Current Registered Agent SINGER, MICHAEL S ESQ 3801 PGA BOULEVARD SUITE 604 PALM BEACH GARDENS FL 33410		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Michael J. Overbeck</i> <i>President</i> <i>2/7/06</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE</small>			
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. <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	P OVERBECK, MICHAEL J 625 NORTH FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4590 PGA BLVD suite 204 Palm Beach Gardens FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Michael J. Overbeck* *2/7/06* *561-655-7766*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #