

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000157929

Entity Name: OVERHEAD, INC.

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

12991 VILLAGE BOULEVARD  
MADEIRA BEACH, FL 33708

**New Principal Place of Business:**

**Current Mailing Address:**

12991 VILLAGE BOULEVARD  
MADEIRA BEACH, FL 33708

**New Mailing Address:**

FEI Number: 20-1894580

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FALA, KATHLEEN  
2718 45TH WAY N  
SAINT PETERSBURG, FL 33713 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: FALA, KATHLEEN  
Address: 12991 VILLAGE BOULEVARD  
City-St-Zip: MADEIRA BEACH, FL 33708

Title: VD  
Name: MULLINIX, BRYAN  
Address: 12991 VILLAGE BOULEVARD  
City-St-Zip: MADEIRA BEACH, FL 33708

Title: D  
Name: FALA, JOSEPH  
Address: 12991 VILLAGE BOULEVARD  
City-St-Zip: MADEIRA BEACH, FL 33708

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN FALA

PSTD

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date