2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000098543

Entity Name: OVERFLOW MANAGEMENT, INC

5528 MARATHON PARKWAY

JACKSONVILLE, FL 32224

Address: City-St-Zip: FILED Apr 28, 2009 Secretary of State

Littly Nai	ille. OVERF	LOW MANAGEMENT, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
10127 BROOKWOOD FOREST BLVD. JACKSONVILLE, FL 32225				14086 GOLDEN EAGLE DR. JACKSONVILLE, FL 32226			
Current Mailing Address:				New Mailing Address:			
10127 BROOKWOOD FOREST BLVD. JACKSONVILLE, FL 32225				14086 GOLDEN EAGLE DR. JACKSONVILLE, FL 32226			
FEI Number:	: 20-4296305	FEI Number Applied For()	FEI Nur	nber Not Appl	icable ()	Certificate of Status Desired	()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SPERLICH, KARL 10127 BROOKWOOD FOREST BLVD. JACKSONVILLE, FL 32225 US				SPERLICH, KARL G 14086 GOLDEN EAGLE DR. JACKSONVILLE, FL 32226 US			
	named entity e of Florida.	submits this statement for the	purpose o	of changing it	ts registere	ed office or registered agent, o	or both,
SIGNATURE: KARL G. SPERLICH				04/28/2009			
	Electro	nic Signature of Registered Ag	jent			Date	
Election Car	npaign Financi	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (SPERLICH, K 14086 GOLDI JACKSONVIL	EN EAGLE DR		Title: Name: Address: City-St-Zip:		() Change() Addition	
Title: Name: Address: City-St-Zip:	SPERLICH, H	(WOOD FOREST BLVD.		Title: Name: Address: City-St-Zip:		(X) Change()Addition , HOLLY A .DEN EAGLE DR. /ILLE, FL 32226	
Title: Name:	D (BATTLE, RAY) Delete MOND		Title: Name:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: HOLLY A. SPERLICH ST 04/28/2009