

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000059817

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** OVERCOMER DELIVERY SERVICE, INC.

**Current Principal Place of Business:**

4065 HAVERHILL ROAD N  
SUITE B 3309  
WEST PALM BEACH, FL 33417

**New Principal Place of Business:**

378 NORTHLAKE BLVD., #314  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

4065 HAVERHILL ROAD N  
SUITE B 3309  
WEST PALM BEACH, FL 33417

**New Mailing Address:**

378 NORTHLAKE BLVD., #314  
NORTH PALM BEACH, FL 33408

**FEI Number:** 27-3106086

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROOKINS, ANTHONY B  
4065 HAVERHILL RD. N.  
SUITE B 3309  
WEST PALM BEACH, FL 33417 US

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

BROOKINS, ANTHONY B  
378 NORTHLAKE BLVD., #314  
NORTH PALM BEACH, FL 33408 US

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: ANTHONY B BROOKINS

02/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: BROOKINS, ANTHONY B  
Address: 378 NORTHLAKE BLVD., #314  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: P  
Name: WILLIAMS, ICYLIN  
Address: 378 NORTHLAKE BLVD., #314  
City-St-Zip: NORTH PALM BEACH, FL 33408

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: ANTHONY B. BROOKINS

VP

02/28/2012

Electronic Signature of Signing Officer or Director

Date