


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90050 004 ***150.00

DOCUMENT # P93000063810	
1. Entity Name FLORIDA & OVERSEAS INCORPORATED	

Principal Place of Business 7635 ASHLEY PARK CT STE 503C ORLANDO, FL 32835 US	Mailing Address 7635 ASHLEY PARK CT STE 503C ORLANDO, FL 32835 US
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2. Principal Place of Business 7635 ASHLEY PARK CT Suite, Apt. #, etc. SUITE 503L City & State ORLANDO FL Zip 32835 Country USA	3. Mailing Address 7635 ASHLEY PARK CT Suite, Apt. #, etc. SUITE 503L City & State ORLANDO FL Zip 32835 Country USA
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01232005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3205806	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FACKLER, MR LEO 7635 ASHLEY PARK CT STE 503C ORLANDO, FL 32835	7. Name and Address of New Registered Agent Name MR. LEO FACKLER Street Address (P.O. Box Number is Not Acceptable) 7635 ASHLEY PARK COURT SUITE 503L City ORLANDO FL Zip 32835
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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 _____	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FACKLER, LEO 7635 ASHLEY PARK CT #503C ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition # 503L
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FACKLER, MARIA 7635 ASHLEY PARK CT #503C ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition # 503L
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
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
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
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

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>Leo Fackler</u>	LEO FACKLER	PRESIDENT	4/10/05	407 351 6001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	