

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000010704

1. Entity Name
OVER LIMIT, INC.



Principal Place of Business
**4190 N KINGS HWY
FORT PIERCE, FL 34951 US**

Mailing Address
**P.O. BOX 880308
PORT SAINT LUCIE, FL 34988 US**

DO NOT WRITE IN THIS SPACE



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0809445

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ASCANIO, OMELIS
2401 SW HUMBER CT
PORT SAINT LUCIE, FL 34953**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ASCANIO, OMELIS
STREET ADDRESS	2401 SW HUMBER CT
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	VP
NAME	ASCANIO, EDGARDO
STREET ADDRESS	10611 SW ACADEMIC WAY
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34987
TITLE	D
NAME	ASCANIO, MAGALY
STREET ADDRESS	10611 SW ACADEMIC WAY
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34987
TITLE	D
NAME	ASCANIO, NANCY
STREET ADDRESS	2401 SW HUMBER CT
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/23/08-80049-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edgardo Ascanio
Edgardo Ascanio

4/24/08 954-931-5585
Date Daytime Phone #