


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000067010	
1. Entity Name OVERLOOK, INC.	

Principal Place of Business 1934 DELLWOOD DRIVE TALLAHASSEE, FL 32303	Mailing Address 1934 DELLWOOD DRIVE TALLAHASSEE, FL 32303
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DO NOT WRITE IN THIS SPACE

FILED  
05 APR 25 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3525476	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

EARNHART, PAUL M  
1934 DELLWOOD DR  
TALLAHASSEE, FL 32301

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EARNHART, PAUL 1934 DELLWOOD DR TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC EARNHART, PAUL M 1934 DELLWOOD DR TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PINKERTON, BILL R 1934 DELLWOOD DR TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/06/05--01008--002 \*\*150.00

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: Paul M. Earnhart PAUL M. EARNHART 3-15-05 850 386 2773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

APR 25 2005