


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # V44410 1. Entity Name OVRT'S MOBILE VILLAGE, INC.	
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Principal Place of Business 1100 US 27 NORTH SEBRING, FL 33870 US	Mailing Address 1820 JIM LANE SEBRING, FL 33870 US
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DO NOT WRITE IN THIS SPACE



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0350999	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 MCCOLLUM, OBERHAUSEN & T L 129 S COMMERCE AVE SEBRING, FL 33870
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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 file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	VD SOLYNTJES, THOMAS 1515 PROSPECT SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVRT, JAMES E. 212 KITE ST. SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOLYNTJES, JENNIFER 1515 PROSPECT SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OVRT, EVERETT 1155 GOLFSIDE DR SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/03/06-80045-025 150.00

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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: Jennifer Solyntjes Jennifer Solyntjes 2/16/06 863-385-2302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #