

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000020646

**Entity Name:** ED OVERSTREET INSURANCE, INC.

**Current Principal Place of Business:**

887 S. FERDON BLVD  
CRESTVIEW, FL 32536

**Current Mailing Address:**

887 S. FERDON BLVD  
CRESTVIEW, FL 32536 US

**FEI Number:** 01-0635587

**Certificate of Status Desired:** No

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

POWELL, GILLIS EJR  
422 NORTH MAIN STREET  
CRESTVIEW, FL 32536 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                      |                 |                       |
|-----------------|----------------------|-----------------|-----------------------|
| Title           | PD                   | Title           | VSTD                  |
| Name            | OVERSTREET, HUGH E   | Name            | OVERSTREET, ELEANOR D |
| Address         | 3168 HWY 602         | Address         | 3168 HWY 602          |
| City-State-Zip: | LAUREL HILL FL 32567 | City-State-Zip: | LAUREL HILL FL 32567  |

*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:** HUGH E OVERSTREET

**PRESIDENT**

**01/24/2020**

Electronic Signature of Signing Officer/Director Detail

Date