

2017 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

03/02/2017

Electronic Signature of Signing Officer/Director Detail

Date