

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J39552

FILED
Mar 14, 2004
Secretary of State

Entity Name: COVE VIEW, INC.

Current Principal Place of Business:

% WALTER WILLIAMSON
3710 GULF OF MEXICO DRIVE, #G-33
LONG BOAT KEY, FL 34228

New Principal Place of Business:

CAROL ANN WILLIAMSON
3710 GULF OF MEXICO DRIVE, #G-33
LONGBOAT KEY, FL 34228

Current Mailing Address:

CAROL ANN WILLIAMSON
203 BIRCH AVENUE
PRINCETON, NJ 08542 US

New Mailing Address:

CAROL ANN WILLIAMSON
3710 GULF OF MEXICO DRIVE, #G-33
LONGBOAT KEY, FL 34228 US

FEI Number: 59-2735660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMSON, CAROL ANN
3710 GULF OF MEXICO DR.
G-33
LONG BOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILLIAMSON, CAROL ANN
Address: 3710 GULF OF MEXICO DR., G-33
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CAROL ANN WILLIAMSON

DP

03/14/2004

Electronic Signature of Signing Officer or Director

_____ Date