

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90386 023 \*\*\*150.00



**DOCUMENT # P01000013452**

1. Entity Name

COVE LANE PROPERTY, INC.

Principal Place of Business

1520 S.W. 20TH ST.  
 BOCA RATON FL 33486

Mailing Address

1520 S.W. 20TH ST.  
 BOCA RATON FL 33486

2. Principal Place of Business

23263 Water Circle

3. Mailing Address

23263 Water Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL 33486

City & State

Boca Raton, FL

4. FEI Number

65-1075927

Applied For

Not Applicable

Zip

33486

Country

USA

Zip

33486

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

REED, RANDALL H  
 2424 N. FEDERAL HIGHWAY #200  
 BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D  Delete  
 NAME: KYLE, MARSHA  
 STREET ADDRESS: 23263 WATER CIRCLE  
 CITY-ST-ZIP: BOCA RATON FL 33486

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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: Marsha Kyle Marsha Kyle

4-12-05

561-392-3287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #