

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000007443

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: COVE CEILINGS, INC.

**Current Principal Place of Business:**

943 NE 25TH AVE  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

943 NE 25TH AVE  
POMPANO BEACH, FL 33062

**New Mailing Address:**

FEI Number: 20-0577971      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

STUPARITZ, ALAN D  
900 E ATLANTIC BLVD  
STE 17  
POMPANO BEACH, FL 33060 US

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

GERSHON, ROBERT S  
943 NE 25 AVE  
POMPANO BEACH, FL 33062 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: ROBERT GERSHON      01/04/2008  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GERSHON, ROBERT  
Address: 943 NE 25TH AVE  
City-St-Zip: POMPANO BEACH, FL 33062

Title: VSTD ( ) Delete  
Name: ZIESAK, MIKE  
Address: 943 NE 25TH AVE  
City-St-Zip: POMPANO BEACH, FL 33062

Title: VSTD ( ) Delete  
Name: GERSHON, MATTHEW  
Address: 943 NE 25 AVE  
City-St-Zip: POMPANO BEACH, FL 33062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT GERSHON      PD      01/04/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date