

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000102298

**Entity Name:** MOURNING DOVE, INC.

**Current Principal Place of Business:**

5983 SE MOURNING DOVE WAY  
HOBE SOUND, FL 33455

**Current Mailing Address:**

5983 SE MOURNING DOVE WAY  
HOBE SOUND, FL 33455 US

**FEI Number:** 46-1577445

**Certificate of Status Desired:** No

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

SOPKO, JAMES  
411 SE OSCEOLA STREET  
SUITE 200  
STUART, FL 34994 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 P  
Name SCHWALM, JO ANN F  
Address 5983 SE MOURNING DOVE WAY  
City-State-Zip: HOBE SOUND FL 33455

Title SECRETARY/TREASURER  
Name SCHWALM, J. BRADFORD  
Address 5983 SE MOURNING DOVE WAY  
City-State-Zip: HOBE SOUND FL 33455

Title VP  
Name SCHWALM, DUGAN H.  
Address 5983 SE MOURNING DOVE WAY  
City-State-Zip: HOBE SOUND FL 33455

*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:** JOANN SCHWALM

**PRESIDENT**

**02/18/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date