



2008 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # 140848 1. Entity Name COVE HOMES, INC. |  |
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| Principal Place of Business 401 WEST 6TH STREET PANAMA CITY, FL 32401 US | Mailing Address P.O. BOX 1639 PANAMA CITY, FL 32402 US |
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DO NOT WRITE IN THIS SPACE



05122008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-0207258 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent DAFFIN, EDGAR O. 330 S. BONITA AVENUE PANAMA CITY, FL 32401 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P DAFFIN, EDGAR O. 330 S. BONITA AVENUE PANAMA CITY, FL |
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06/12/08-80001-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Edgar O. Daffin 9 June 2008 850-785-1021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #