

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90416 021 ***150.00

DOCUMENT # 228996

1. Entity Name
COVEN CONSTRUCTION CO.



Principal Place of Business
8711 NUMBER TWO RD
HOWEY, FL 34737 US

Mailing Address
PO BOX 733
P O BOX 733
TAVARES, FL 32778 US

2. Principal Place of Business
PO BOX 733
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 733
Suite, Apt. #, etc.



04292004 Chg-P CR2E034 (10/03)

City & State
TAVARES, FL
Zip
32778 Country
USA

City & State
TAVARES, FL
Zip
32778 Country
USA

4. FEI Number
59-0876592
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COVEN, LOUISE
319 KENTUCKY STREET
TAURUS, FL 32778

7. Name and Address of New Registered Agent

Name
MIKE COVEN
Street Address (P.O. Box Number is Not Acceptable)
105 E DELAWARE ST
City
TAVARES FL Zip Code
32778

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 *Mike Coven*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4/29/04*

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
COVEN, LOUISE
319 KENTUCKY ST.
TAVARES, FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P, U, S, T
MIKE COVEN
105 E DELAWARE ST
TAVARES, FL 32778 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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: *Mike Coven*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *4/29/04*

DAYTIME PHONE # *352-242-2669*

742-2669