

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 384877

1. Entity Name
DOVE ROOFING COMPANY, INC.



Principal Place of Business
1025 KISSIMMEE ST
P.O. BOX 2202
TALLAHASSEE, FL 32310 US

Mailing Address
P.O. BOX 2202
TALLAHASSEE, FL 32316 US

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1353139

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DOVE, JOHN L
1025 KISSIMMEE ST
TALLAHASSEE, FL 32310

**DO NOT WRITE
IN THIS SPACE**

6. 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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|-----------------------|-----------------------|
| TITLE | PD |
| NAME | DOVE, JOHN L |
| STREET ADDRESS | 1831 MYRICK ROAD |
| CITY-ST-ZIP | TALLAHASSEE, FL 32303 |
| TITLE | VD |
| NAME | DOVE, ROBERT F |
| STREET ADDRESS | 3008 AVON CR |
| CITY-ST-ZIP | TALLAHASSEE, FL |
| TITLE | SD |
| NAME | DOVE, PHYLLIS O |
| STREET ADDRESS | 3008 AVON CR |
| CITY-ST-ZIP | TALLAHASSEE, FL |
| TITLE | TD |
| NAME | DOVE, JOHN L |
| STREET ADDRESS | 1831 MYRICK ROAD |
| CITY-ST-ZIP | TALLAHASSEE, FL 32303 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07

850-526-3111

Daytime Phone #