## . 2005 FOR PROFIT CORPORATION

## Jan 24, 2005 08:00 AM **ANNUAL REPORT** Secretary of State **DOCUMENT # 696350** D. F. GOUVERT, ENTERPRISES, INC. Principal Place of Business \_\_ Mailing Address 6842 BRIDLEWOOD CT 6842 BRIDLEWOOD CT BOCA RATON, FL 33433 US BOCA RATON, FL 33433 US 01192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2111036 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOUVERT, DOLORES F DO NOT WRITE 6842 BRIDLEWOOD CT BOCA RATON, FL 33433 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. PST TITLE GOUVERT, DOLORES F NAME STREET ADDRESS 6842 BRIDLEWOOD CT. U00000195183 01/26/05-80018-009 150.00 CITY-ST-ZIP BOCA RATON, FL 33433 IIILE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 reguired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY - ST-ZIP

SIGNATURE AND TYPED OF PRINTER NAME OF SIGNING OFFICER OF DIRECTOR

FILED