

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 23, 2008 8:00 am
Secretary of State

06-23-2008 90003 026 ***150.00

DOCUMENT # F66878

1. Entity Name
COVINGTON DESIGN ASSOCIATES, INC.



Principal Place of Business
3562 ST. JOHNS AVE.
JACKSONVILLE, FL 32205 US

Mailing Address
3562 ST. JOHNS AVE.
JACKSONVILLE, FL 32205 US

40108923



06182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2217079	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COVINGTON, CORNELIA M.
3562 ST. JOHNS AVE.
JACKSONVILLE, FL 32205

**DO NOT WRITE
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) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COVINGTON, CORNELIA M
STREET ADDRESS	3562 ST. JOHNS AVE.
CITY- ST- ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
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STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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

6/18/08 904-388-0208
Date Daytime Phone #

40108923
ATTACHMENT
766878

Covington
Design Associates Inc.

June 19, 2008

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

Pursuant to my conversation with your examiner on June 18, 2008, enclosed is my second submission of my Corporate Annual Report. On March 6, 2008, the original report with my check # 9770 was submitted to the Department. My Bookkeeper called me yesterday and asked if we had received confirmation that the report had been received and processed, since check # 9770 had not cleared the bank statement. I called and spoke with an examiner and she said the report had not been received. She told me to print and file a second report and to send a check for the \$ 150.00 fee along with a letter of explanation about the first report. I enclose that report and check with this letter. If you have any questions regarding this matter, please call my secretary, Faith Fiore at (904) 608-0953. My business is closed for the summer, but we check voice mail weekly, so if you would like to leave a message at the business, that phone number is (904) 388-0208.

Thank you for your help in getting this matter resolved.

Sincerely,


Cornelia C. Smithwick