

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F95000000926

1. Entity Name  
S-COVE CORP.



Principal Place of Business  
POST OFFICE BOX 899  
DOVER, DE 19903

Mailing Address  
4060 BARRANCAS AVE.  
PENSACOLA, FL 32507

**DO NOT WRITE IN THIS SPACE**

**FILED  
Feb 10, 2005 8:00 am  
Secretary of State**

02-10-2005 90045 016 \*\*\*150.00

40016136



02072005 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0333743	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRISON, CAROL B  
4060 BARRANCAS AVENUE  
PENSACOLA, FL 32507

**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 \$150.00  
After May 1, 2005 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

HARRISON, CAROL B  
4060 BARRANCAS AVENUE  
PENSACOLA, FL 32507

TITLE  
NAME  
STREET ADDRESS  
CITY ST-ZIP

VTD  
HESS, M.W.  
4060 BARRANCAS AVENUE  
PENSACOLA, FL 32507

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 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: Carol B. Harrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/05 850-456-7401

Date

Daytime Phone #