

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90068 037 ***150.00

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
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40013338



2. Principal Place of Business - No P.O. Box # 3500 S Dupont Hwy		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Dover, DE		City & State	
Zip 19901	Country	Zip	Country

02082007 Chg-P CR2E034 (12/06)

4. FEI Number 51-0333743	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 HARRISON, CAROL B 4060 BARRANCAS AVENUE PENSACOLA, FL 32507	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 fee if applicable (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME HARRISON, CAROL B STREET ADDRESS 4060 BARRANCAS AVENUE CITY, ST, ZIP PENSACOLA, FL 32507	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Carol B Harrison, Pres 2/8/07 850-456-7401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR