


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97000000029</b> 1. Entity Name DOVA OF HOLLYWOOD G.P., INC.	
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Principal Place of Business 6000 MEADOWBROOK MALL STE 27 CLEMMONS, NC 27012	Mailing Address 6000 MEADOWBROOK MALL STE 27 CLEMMONS, NC 27012
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**DO NOT WRITE IN THIS SPACE**



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>56-2004240</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

ANDREW SERVICE CORPORATION OF FLORIDA  
201 N FRANKLIN STREET  
SUITE 2700  
TAMPA, FL 33602

**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 \_\_\_\_\_ DATE 07/15/08-80006-016 158.75

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  
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CT ANGELL, DON G 6000 MEADOWBROOK MALL, SUITE 27 CLEMMONS, NC 27012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANGELL, D. GRAY JR 6000 MEADOWBROOK MALL, SUITE 27 CLEMMONS, NC 27012
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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:  **7/15/08** Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR