

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000001976

1. Entity Name
DOVE COMMUNICATIONS OF ILLINOIS, INC.



Principal Place of Business

2028 RT 37 S.
PO BOX 1010
MARION, IL 62959

Mailing Address

2028 RT 37 S.
PO BOX 1010
MARION, IL 62959



01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **37-1317014** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PARKWAY
SUITE 300
TAMPA, FL 33637

**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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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	PCD COONCE, GARTH 1582 GULF BLVD, #1101 CLEARWATER BEACH, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COONCE, CHRISTINA 1582 GULF BLVD, #1101 CLEARWATER BEACH, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOLAN, JULIE 2028 RT 37 S MARION, IL 62959
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CLARK, VICTORIA M 5606 E 117TH STREET TULSA, OK 74137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHANEY, SHANE 721 N 21ST STREET HERRIN, IL 62948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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02/01/06-80015-008 61.25

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 617, 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: _____

Shane Chaney **Shane Chaney Treas**

1-6-06

618-997-9333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #