2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # F99000002631

1. Entity Name
DOVE DATA PRODUCTS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 6106 FLORENCE, SC 29502	P.O. BOX 6106 FLORENCE, SC 29502

DO NOT WRITE IN THIS SPACE

04272007 No Chg-P CR2E034 (11/05)

4. FEI Number
57-0936966

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202

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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
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
After May 1, 2007 Fee will be $550.00

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

000007533001
05/24/07-80057-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	COXE, RICHARD B
STREET ADDRESS	108 TEE CIRCLE
CITY-ST-ZIP	DARLINGTON, SC 29532
TITLE	D
NAME	COXE, T.C. III
STREET ADDRESS	601 CASHUA FERRU RD.
CITY-ST-ZIP	DARLINGTON, SC 29532
TITLE	D
NAME	POWERS, CHARLES H
STREET ADDRESS	714 ARLINGTON CIRCLE
CITY-ST-ZIP	FLORENCE, SC 29501
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X _____ 4/30/07 8436576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #