

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90038 044 \*\*\*150.00

DOCUMENT # M94551

1. Entity Name  
COVE INSURANCE, INC.

**We Have Moved Upstairs**  
**COVE INSURANCE**  
1201 US HWY. #1, SUITE 200  
NORTH PALM BEACH, FL 33408  
(561) 775-7076 FAX: (561) 775-7086

Principal Place of Business  
1201 U.S. HWY 1  
SUITE 46  
NORTH PALM BEACH, FL 33408

40019401



01112007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

1201 US Hwy 1

Suite, Apt. #, etc.

SUITE 200

City & State

NORTH PALM BEACH FL

Zip

33408

Country

US

3. Mailing Address

1201 US Hwy 1

Suite, Apt. #, etc.

SUITE 200

City & State

NORTH PALM BEACH FL

Zip

33408

Country

US

4. FEI Number

65-0081405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HIGGINS, RANDY  
1889 ASCOTT RD.  
JUNO ISLES, FL 33408

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

*Randy Higgins*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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

TITLE PD ☐ Delete  
NAME HIGGINS, RANDY  
STREET ADDRESS 1889 ASCOTT RD.  
CITY-ST-ZIP JUNO ISLES, FL

TITLE SEC ☐ Delete  
NAME HIGGINS, DEBORAH L SEC  
STREET ADDRESS 1889 ASCOTT RD  
CITY-ST-ZIP JUNO ISLES, FL 33408

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Randy Higgins* RANDY HIGGINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-7 561-775-7076

Date

Daytime Phone #