

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N06411

1. Entity Name
DOLPHIN'S COVE ESTATE, INC.



Principal Place of Business
103 DOLPHIN COVE
FREEPORT, FL 32439-3000 US

Mailing Address
103 DOLPHIN COVE
FREEPORT, FL 32439 US



02192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HUDKINS, RAYMOND P
1126 E LARUA ST
PENSACOLA, FL 32501

**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, 2005

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
S
SHIELDS, RICHARD D
163 DOLPHIN COVE
FREEPORT, FL 32439

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HUDKINS, RAYMOND P
1126 E LA RUA ST
PENSACOLA, FL 32501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ROBBINS, CHANDLER
232 WHITE STREET, UNIT 5
NICEVILLE, FL 32578

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BROWN, RICHARD
3906 OAK HILL ROAD
DOUGLASVILLE, GA 30135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000242384
02/24/05-80085-014 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Raymond P. Hudkins **Raymond P. Hudkins** 2-19-05 850 883-0294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #