

**2006 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90013 019 ***150.00

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1. Entity Name,
COVINGTON'S OF FLORIDA, INC.



Principal Place of Business
1037 FIFTH AVENUE NORTH
NAPLES, FL 34102

Mailing Address
1037 FIFTH AVENUE NORTH
NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE



02132006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3619437

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOOD, DOUGLAS A ESQ.
SIESKY, PILON & WOOD
1000 NORTH TAMiami TRAIL, SUITE 201
NAPLES, FL 34102

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME GULLIFORD, JOHN T
STREET ADDRESS 1037 FIFTH AVENUE NORTH
CITY-ST-ZIP NAPLES, FL 34102

TITLE VP
NAME WILKINSON, IAN
STREET ADDRESS 1037 5 AVE N
CITY-ST-ZIP NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN T GULLIFORD

2/14/06

Date

269-4224

Daytime Phone #