

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 A
Secretary of State

DOCUMENT # P00000000866	
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



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3619437	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2008 Fee will be \$550.00

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

000000872833
04/10/08-80053-015 150.00

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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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

3/24/08
Date

239-263 4224
Daytime Phone #