


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90040 003 \*\*\*150.00

<b>DOCUMENT # P00000029147</b> 1. Entity Name <b>COVENANT GROUP PROPERTIES, INC.</b>					
Principal Place of Business <b>2002 W. CLEVELAND ST TAMPA, FL 33606 US</b>			Mailing Address <b>2411 DOG LEG DR SEBRING, FL 33870 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>239 S Commerce Avenue</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Sebring FL</b>		4. FEI Number <b>65-1007840</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33870</b>		Country <b>US</b>		03152008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>SAPP, ARLAN D 2411 DOG LEG DR SEBRING, FL 33872</b>				7. Name and Address of New Registered Agent Name <b>Arlan D Sapp</b> Street Address (P.O. Box Number is Not Acceptable) <b>239 S Commerce Avenue</b> City <b>Sebring FL</b> Zip Code <b>33870</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAPP, ARLAN D 2411 DOG LEG DR SEBRING, FL 33872	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Arlan D Sapp 239 S Commerce Avenue Sebring FL 33870	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LAGROW, KENNETH D 3012 CREEKSIDE CT SEBRING, FL 33875	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LAGROW, KENNETH D 3012 CREEKSIDE CT SEBRING, FL 33875	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAGROW, RHONDA K 3012 CREEKSIDE CT SEBRING, FL 33875	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAGROW, RHONDA K 3012 CREEKSIDE CT SEBRING, FL 33875	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SAPP, MARY 2411 DOG LEG DR SEBRING, FL 33872	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Mary Sapp 239 S Commerce Avenue Sebring FL 33870	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SAPP, MARY 2411 DOG LEG DR SEBRING, FL 33872	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SAPP, MARY 2411 DOG LEG DR SEBRING, FL 33872	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Mary Sapp</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3.28.08 863-381-4756 Date Daytime Phone #		