

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000081780

1. Entity Name
COVE BUILDING & DESIGN, INC.



Principal Place of Business
209 WILSON AVE
PANAMA CITY, FL 32401

Mailing Address
209 WILSON AVE
PANAMA CITY, FL 32401

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11272007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3665492

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIRCHOFF, RICHARD
209 WILSON AVE
PANAMA CITY, FL 32401

7. Name and Address of New Registered Agent

Name
DAVID LEE KIRCHOFF

Street Address (P.O. Box Number is Not Acceptable)

121 U.S. HWY 1 SUITE 106

City
KEY WEST

FL

Zip Code
33040

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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
P
KIRCHOFF, RICHARD C
209 WILSON AVE
PANAMA CITY, FL 32401 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVP TS
KIRCHOFF, DAVID LEE
121 U.S. HWY 1 SUITE 106
KEY WEST, FL 33040 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500112805135
12/04/07--01012--020 ***70.00 ☐ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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

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

11-27-07

Date

1-305-797-3235

Daytime Phone #

APPROVED
AND
FILED

07 NOV 30 PM 4:22

11-30-07
28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

