

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90024 029 \*\*\*150.00



**DOCUMENT # P0000110686**  
1. Entity Name  
**COVE GRILL, INC.**

Principal Place of Business Mailing Address  
1462 HIGHWAY A1A 600 HAWKS BILL ISL. DR  
SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**600 Hawks Bill Isl Dr**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State  
**SATELLITE BEACH FL**

4. FEI Number **59-3688989** Applied For  
Not Applicable

Zip Country Zip Country  
**32937 USA**

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

6. Name and Address of Current Registered Agent  
**APUZZO, LOUIS J**  
**600 HAWKS BILL ISLAND DRIVE**  
**SATELLITE BEACH FL 32937**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 *Louis J. Apuzzo* DATE **3-3-08**  
Signature (Typed or printed name of fully formed agent must be filed as well) (NOTE: Registered Agent signature required when re-electing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVT <input type="checkbox"/> Delete APUZZO, LOUIS J 600 HAWKS BILL ISLAND DRIVE SATELLITE BEACH FL 32937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SEC</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Louis J. Apuzzo* DATE: **3-3-08** DISCLOSURE NUMBER: **321-777-3095**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Disclosure Number