

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000020069

Entity Name: BOVE COMPANY

FILED
Mar 05, 2004
Secretary of State

Current Principal Place of Business:

4300 MARSH LANDING BLVD.
SUITE 202
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

4300 MARSH LANDING BLVD.
SUITE 202
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-3701637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLD, KATHLEEN H
ONE INDEPENDENT DR., STE. 2301
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

THE ROBERTSON GROUP
5216 SW 91ST DRIVE
GAINESVILLE, FL 32608 US

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.

SIGNATURE: DAVID WORTHY, ESQ.

03/05/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOVE, GABRIEL M
Address: 4300 MARSH LANDING BLVD., STE 202
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: P () Delete
Name: BOVE, GABRIEL M
Address: 4300 MARSH LANDING BLVD., STE 202
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: S () Delete
Name: BOVE, GABRIEL M
Address: 4300 MARSH LANDING BLVD., STE. 202
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: T () Delete
Name: BOVE, GABRIEL M
Address: 4300 MARSH LANDING BLVD., STE. 202
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIEL M BOVE

D

03/05/2004

Electronic Signature of Signing Officer or Director

Date