


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000108925</b> 1. Entity Name <b>COVELL MANAGEMENT, INC.</b>	
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Principal Place of Business  
1941 SEVILLE DR.  
PENSACOLA, FL 32503

Mailing Address  
1941 SEVILLE DR.  
PENSACOLA, FL 32503



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0553447	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

COVELL, WILLIAM ARNOLD  
1941 SEVILLE DR.  
PENSACOLA, FL 32503

**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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	COVELL, WILLIAM ARNOLD
STREET ADDRESS	1941 SEVILLE DR.
CITY-ST-ZIP	PENSACOLA, FL 32503

TITLE	D
NAME	COVELL, BONNIE B
STREET ADDRESS	1941 SEVILLE DR
CITY-ST-ZIP	PENSACOLA, FL 32503

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

U00000128192  
04/26/04-80028-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** W.A. Covell W.A. COVELL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-04 850-433-5013  
Date Daytime Phone #