

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000048274  
1. Entity Name  
KOVE CONSTRUCTION OF SOUTH FLORIDA, INC.



Principal Place of Business      Mailing Address  
9718 CAROUSEL CIRCLE SOUTH      9718 CAROUSEL CIRCLE SOUTH  
BOCA RATON, FL 33434      BOCA RATON, FL 33434

**DO NOT WRITE IN THIS SPACE**



01292008    No Chg-P    CR2E034 (11/05)

4. FEI Number 03-0434492	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
KOVELESKY, RICHARD J PRES.  
9718 CAROUSEL CIRCLE SOUTH  
BOCA RATON, FL 33434

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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 KOVELESKY, RICHARD J 9718 CAROUSEL CIRCLE SOUTH BOCA RATON, FL 33434
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02/08/08-80069-025 150.00

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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: *Richard Kovelesky*      RICHARD KOVELESKY      1-29-08      561-451-9011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #