

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90005 005 ***150.00

DOCUMENT # P03000124329

1. Entity Name
C DOVE ENTERPRISES, INC.



Principal Place of Business
**6303 MERRIEWOOD DR.
ORLANDO, FL 32808**

Mailing Address
**6303 MERRIEWOOD DR.
ORLANDO, FL 32808**

DO NOT WRITE IN THIS SPACE



01222005 No Chg-P CR2E034 (10/03)

4. FEI Number
55-0853300

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIAMS, CRYSTAL
6303 MERRIEWOOD DR.
ORLANDO, FL 32808**

**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 *Crystal A. Williams*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/31/05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
WILLIAMS, CRYSTAL
6303 MERRIEWOOD DR.
ORLANDO, FL 32808**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
WILLIAMS, JOHN
6303 MERRIEWOOD DR.
ORLANDO, FL 32808**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
WILLIAMS, TAURECA
6303 MERRIEWOOD DR.
ORLANDO, FL 32808**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 I am empowered.

SIGNATURE:

Crystal A. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/05

Date

407-222-4733

Daytime Phone #

Attachment
P03000124329
50053420

May 31, 2005

To Whom It May Concern:

This letter is to inform you of a slight error in the timelessness of my annual 2005 report. I did not receive the annual renewal notice, however my check in the amount of \$150.00 is enclosed.

Sincerely,


Crystal A Williams