

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

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



03012006 No Chg-P CR2E034 (11/05)

4. FEI Number
55-0853300

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 ☒

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000475580
04/05/06-80021-003 158.75

10. OFFICERS AND DIRECTORS

TITLE P
NAME WILLIAMS, CRYSTAL
STREET ADDRESS 6303 MERRIEWOOD DR.
CITY-ST-ZIP ORLANDO, FL 32808

TITLE V
NAME WILLIAMS, JOHN
STREET ADDRESS 6303 MERRIEWOOD DR.
CITY-ST-ZIP ORLANDO, FL 32808

TITLE S
NAME WILLIAMS, TAURECA
STREET ADDRESS 6303 MERRIEWOOD DR.
CITY-ST-ZIP ORLANDO, FL 32808

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/06