

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 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**



04172007 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

Crystal A. Williams

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

(NOTE: Registered Agent signature required when reinstating)

4/18/07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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 | |

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05/02/07-80046-001 150.00

**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:

Crystal A. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07 407-222-4733
Date Daytime Phone #