


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90095 005 ***150.00

DOCUMENT # P04000055867

1. Entity Name
D N COLVER, INC.



Principal Place of Business Mailing Address

THE UPS STORE **3015 SW PINE ISLAND ROAD**
STE 113 **CAPE CORAL, FL 33914 US**
CAPE CORAL, FL 33991 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

3015 SW Pine Island Rd **3724 Surfside Blvd**
 Suite. Apt. #, etc. Suite. Apt. #, etc.
Suite 113


City & State City & State

CAPE CORAL, FL **CAPE CORAL, FL**

Zip Country Zip Country

33911 **USA** **33914** **USA**

40000000



01112008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-0939931 Not Applicable

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

6. Name and Address of Current Registered Agent

~~CHOUINARD, JAMES A CPA~~
~~9541 CYPRESS LAKE DRIVE SUITE 5~~
~~FORT MYERS, FL 33949~~

delete

7. Name and Address of New Registered Agent

Name **DAVID L. COLVER**

Street Address (P.O. Box Number is Not Acceptable) **3724 SURFSIDE BLVD**

City **CAPE CORAL** FL Zip Code **33914**

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: *David L. Colver* **DAVID L. COLVER PRES.** **1-11-2008**

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLVER, DAVID L	NAME	
STREET ADDRESS	3724 SURFSIDE BLVD	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33914	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLVER, NORMA Z	NAME	
STREET ADDRESS	3724 SURFSIDE BLVD	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33914	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *David L. Colver* **1-11-2008 (239)2820380**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #