

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90002 034 ***150.00

DOCUMENT # P0400099832		
1. Entity Name FIVE DOVES, INCORPORATED		

Principal Place of Business 124 DANFORTH DRIVE PUNTA GORDA, FL 33980	Mailing Address 124 DANFORTH DRIVE PUNTA GORDA, FL 33980
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2. Principal Place of Business 3624 Whippoorwill Blvd. Suite, Apt. #, etc.	3. Mailing Address 3624 Whippoorwill Blvd. Suite, Apt. #, etc.
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City & State Punta Gorda, FL	City & State Punta Gorda, FL
Zip 33950	Country USA

07112006 Chg-P CR2E034 (11/05)

4. FEI Number 56-2087935	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DOVE, BONNIE C 124 DANFORTH DRIVE PUNTA GORDA, FL 33980	
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7. Name and Address of New Registered Agent Name <u>Bonnie C. Dove</u> Street Address (P.O. Box Number is Not Acceptable) <u>3624 Whippoorwill Blvd.</u> City <u>Punta Gorda</u> FL <u>33950</u>	
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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 resigning)	DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOVE, BONNIE C 124 DANFORTH DRIVE PUNTA GORDA, FL 33980 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOVE, WILLIAM S III 124 DANFORTH DRIVE PUNTA GORDA, FL 33980 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOVE, BONNIE C 124 DANFORTH DRIVE PUNTA GORDA, FL 33980 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOVE, WILLIAM S III 124 DANFORTH DRIVE PUNTA GORDA, FL 33980 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dove, Bonnie C. 3624 Whippoorwill Blvd. Punta Gorda, FL 33950 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Dove, William S III 3624 Whippoorwill Blvd. Punta Gorda, FL 33950 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dove, Bonnie C. 3624 Whippoorwill Blvd. Punta Gorda, FL 33950 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dove, William S III 3624 Whippoorwill Blvd. Punta Gorda, FL 33950 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 it 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: <u>Bonnie C. Dove</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: _____ Date
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