

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000099832

FILED
Apr 16, 2009
Secretary of State

Entity Name: FIVE DOVES, INCORPORATED

Current Principal Place of Business:

3624 WHIPPERWILL BLVD
PUNTA GORDA, FL 33950

New Principal Place of Business:

19101 MIDWAY BLVD.
PORT CHARLOTTE, FL 33948

Current Mailing Address:

3624 WHIPPERWILL BLVD
PUNTA GORDA, FL 33950

New Mailing Address:

19101 MIDWAY BLVD.
PORT CHARLOTTE, FL 33948

FEI Number: 56-2087935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOVE, BONNIE C
3624 WHIPPORWILL BLVD
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

DOVE, BONNIE C
19101 MIDWAY BLVD
PORT CHARLOTTE, FL 33948 US

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.

SIGNATURE: BONNIE C. DOVE

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: DOVE, BONNIE C
Address: 3624 WHIPPORWILL BLVD
City-St-Zip: PUNTA GORDA, FL 33950

Title: SV () Delete
Name: DOVE, WILLIAM S III
Address: 3624 WHIPPORWILL BLVD
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: DOVE, BONNIE C
Address: 19101 MIDWAY BLVD
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: SV (X) Change () Addition
Name: DOVE, WILLIAM S III
Address: 19101 MIDWAY BLVD
City-St-Zip: PORT CHARLOTTE, FL 33948

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE C. DOVE

PT

04/16/2009

Electronic Signature of Signing Officer or Director

Date