


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90012 023 ***550.00

DOCUMENT # P05000063345 1. Entity Name ROCK DOVE PARTNERS, INC.			
Principal Place of Business 8825 EAST TAMiami TRAIL NAPLES, FL 34113		Mailing Address 8825 EAST TAMiami TRAIL NAPLES, FL 34113	
2. Principal Place of Business - No P.O. Box #. 942 N Collier Blvd		3. Mailing Address 942 N Collier Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Marco Island FL		City & State Marco Island FL	
Zip 34145		Zip 34145	
Country		Country	
4. FEI Number 20-2878781		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, WILLIAM G ESQ 247 N COLLIER BLVD, SUITE 202 MARCO ISLAND, FL 34145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$950.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD BOFF, JOSEPH D 8825 EAST TAMiami TRAIL NAPLES, FL 34113	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD DE LANGE, LUKE 8825 EAST TAMiami TRAIL NAPLES, FL 34113	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>JOSEPH D BOFF</i> JOSEPH D BOFF, PR		Date: 7/5/07 Daytime Phone #: 239 394 9107	