



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000063345	
1. Entity Name ROCK DOVE PARTNERS, INC.	

Principal Place of Business 942 N. COLLIER BLVD MARCO ISLAND, FL 34145	Mailing Address 942 N. COLLIER BLVD MARCO ISLAND, FL 34145
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DO NOT WRITE IN THIS SPACE


 01242008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2878781	Applied For 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**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

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

00000835320
 02/29/08-80029-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD BOFF, JOSEPH D 8825 EAST TAMiami TRAIL NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD DE LANGE, LUKE 8825 EAST TAMiami TRAIL NAPLES, FL 34113
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Joseph D Boff **JOSEPH D BOFF** 2/21/08 239 3949107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #