2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000063345

1. Entity Name
ROCK DOVE PARTNERS, INC.

Principal Place of Business	Mailing Address
942 N. COLLIER BLVD MARCO ISLAND, FL 34145	942 N. COLLIER BLVD MARCO ISLAND, FL 34145

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 ☐   **$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

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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 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

00000835320
02/29/08-80029-025 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PSD
NAME	BOFF, JOSEPH D
STREET ADDRESS	8825 EAST TAMIAMI TRAIL
CITY-ST-ZIP	NAPLES, FL 34113

TITLE	VTD
NAME	DE LANGE, LUKE
STREET ADDRESS	8825 EAST TAMIAMI TRAIL
CITY-ST-ZIP	NAPLES, FL 34113

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 _____ 2/21/08 _____ 239 394 9107

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