

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103847

FILED
Apr 29, 2007
Secretary of State

Entity Name: DOVE AND SONS ENTERPRISE, INC.

Current Principal Place of Business:

3503 GRIFFIN AVENUE
LADY LAKE, FL 32159

New Principal Place of Business:

Current Mailing Address:

3503 GRIFFIN AVENUE
LADY LAKE, FL 32159

New Mailing Address:

FEI Number: 76-0805762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUBUSHESKI, KITTY K DPT
3503 GRIFFIN AVENUE
LADY LAKE, FL 32159 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: KUBUSHESKI, KITTY K DPT
Address: 3503 GRIFFIN AVE
City-St-Zip: LADY LAKE, FL 32159

Title: D VP () Delete
Name: KUBUSHESKI, TERRANCE J DVP
Address: 3503 GRIFFIN AVE
City-St-Zip: LADY LAKE, FL 32159

Title: D S () Delete
Name: KUBUSHESKI, TROY DS
Address: 15801 SOUTH U.S. HWY 301
City-St-Zip: SUMMERFIELD, FL 34491

Title: D () Delete
Name: KUBUSHESKI, ROBBIE D
Address: 14436 63RD COURT NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KITTY K KUBUSHESKI

DPT

04/29/2007

Electronic Signature of Signing Officer or Director

Date