

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000081175

1. Entity Name
COVE SKATE AND SURF INC.



Principal Place of Business
**3402 S. DALE MABRY HWY. STE A
TAMPA, FL 33629 US**

Mailing Address
**3402 S. DALE MABRY HWY. STE A
TAMPA, FL 33629 US**



04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2873451

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OLIVER, DARYL
3402 S. DALE MABRY HWY. STE A
TAMPA, FL 33629**

**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

Daryl Oliver
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

4/29/08
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**

**U00000945010
05/29/08-80122-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/T FORTUGNO-OLIVER, VICTORIA 4016 W. SAN JUAN ST. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/S OLIVER, DARYL 4016 W. SAN JUAN ST. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FORTUGNO-OLIVER, VICTORIA 4016 W. SAN JUAN ST. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OLIVER, DARYL 4016 W. SAN JUAN ST. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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:

Daryl Oliver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08
Date

(813) 546-1781
Daytime Phone #