

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000063129

FILED
Apr 26, 2009
Secretary of State

Entity Name: COVE & COMPANY, P.A. CPA AND CONSULTANTS

Current Principal Place of Business:

2127 RESTON CIRCLE
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

2240 PALM BEACH LAKES BLVD
STE 101
W PALM BCH, FL 33409

Current Mailing Address:

2127 RESTON CIRCLE
ROYAL PALM BEACH, FL 33411

New Mailing Address:

2240 PALM BEACH LAKES BLVD
STE 101
W PALM BCH, FL 33409

FEI Number: 26-2909894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIDOLFO, PHILLIP T. ESQ.
777 S. FLAGLER DR., 901 PHILLIPS PONT W.
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

RIDOLFO, PHILLIP T. ESQ.
777 S FLAGLER DR
901 PHILLIPS POINT WEST TOWER
W PALM BCH, FL 33401 US

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:

04/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: COVE, MICHAEL L. CPA
Address: 2127 RESTON CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: ST () Delete
Name: COVE, SUSAN F.
Address: 2127 RESTON CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: COVE, MICHAEL L. CPA
Address: 2240 PALM BEACH LAKES BLVD
City-St-Zip: W PALM BEACH, FL 33409

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: MICHAEL L COVE

P

04/26/2009

Electronic Signature of Signing Officer or Director

Date