


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000046661 1. Entity Name LIVELY COVE, INC.	
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Principal Place of Business 201 COUNTY RD. BIG PINE KEY, FL 33043 US	Mailing Address 201 COUNTY RD. BIG PINE KEY, FL 33043 US
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DO NOT WRITE IN THIS SPACE



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0423789	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent
**LIVELY, ALTON J
201 COUNTY RD.
BIG PINE KEY, FL 33043**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIVELY, ALTON J 201 COUNTY ROAD BIG PINE KEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIVELY, BETTY J 201 COUNTY ROAD BIG PINE KEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIVELY, DAVID J 201 COUNTY ROAD BIG PINE KEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVD WOLFE, KAREN 201 COUNTY ROAD BIG PINE KEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000114809
04/15/04-80066-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Alton J. Lively** 4/12/04 305872-2443

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