2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004
Secretary of State

DOCUMENT# P93000058180

Entity Name: COVE INSURANCE, INC.

Current Principal Place of Business:

1201 US HWY 1
46
N PALM BEACH, FL 33408 US

New Principal Place of Business:

Current Mailing Address:

1201 US HWY 1
46
N PALM BEACH, FL 33408 US

New Mailing Address:

FEI Number: 65-0530068 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIGGINS, CHARLES D
1201 US HWY 1
46
N PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

HIGGINS, CHARLES R
1201 US HWY 1
46
N PALM BEACH, FL 33408 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: CHARLES R HIGGINS 08/02/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: HIGGINS, CHARLES R
Address: 701 N POINT PKWY, 300
City-St-Zip: W PALM BCH, FL

Title: D ( ) Delete
Name: HIGGINS, CHARLES R
Address: 701 N POINT PKWY, 300
City-St-Zip: W PALM BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: HIGGINS, CHARLES R
Address: 1201U. S. HWY. 1 SUITE 46
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: PRES (X) Change ( ) Addition
Name: HIGGINS, CHARLES R
Address: 1201 U. S. HWY. 1 SUITE 46
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHARLES R HIGGINS PRES 08/02/2004
Electronic Signature of Signing Officer or Director Date