2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000028631

1. Entity Name
DOVCO ENTERPRISES I, INC.

Principal Place of Business	Mailing Address
10949 N MILITARY TRAIL	10949 N MILITARY TRAIL
PALM BEACH GARDENS, FL 33410	PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

01182007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0481979	Not Applicable

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

6. Name and Address of Current Registered Agent

TOWE, DONNA
11202 PINE VALLEY DR.
WEST PALM BEACH, FL 33414

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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_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000596828
01/24/07-80011-016 150.00

10. **OFFICERS AND DIRECTORS**

TITLE	DPT
NAME	TOWE, DONNA
STREET ADDRESS	11202 PINE VALLEY DRIVE
CITY-ST-ZIP	W. PALM BEACH, FL

TITLE	VS
NAME	TOWE, DAVID
STREET ADDRESS	11202 PINE VALLEY DRIVE
CITY-ST-ZIP	W. PALM BEACH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ VP   1/16/07   561-775-7609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #