

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90010 036 \*\*\*150.00

**DOCUMENT # P94000067036**

1. Entity Name

COVE ENTERPRISES INC.



Principal Place of Business

14133 U.S. HWY. #1  
LOGGERHEAD PLAZA  
JUNO BEACH FL 33408

Mailing Address

14133 U.S. HWY. #1  
LOGGERHEAD PLAZA  
JUNO BEACH FL 33408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0517672

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

GOUVEIA, JEFFREY A  
18200 S.E. RIDGEVIEW DRIVE  
TEQUESTA FL 33469

7. Name and Address of New Registered Agent

Name

GOUVEIA, JEFFREY A

Street Address (P.O. Box Number is Not Acceptable)

15484 69th Drive NORTH

City

PALM BEACH GARDENS

FL

Zip Code

33418

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GOUVEIA, JEFFREY A	
STREET ADDRESS	18200 S.E. RIDGEVIEW DR.	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GOUVEIA, BERNADETTE A	
STREET ADDRESS	18200 S.E. RIDGEVIEW DR. (SAME ADDRESS AS ABOVE)	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GOUVEIA, JOSHUA A	
STREET ADDRESS	18200 S.E. RIDGEVIEW DR. (SAME ADDRESS AS ABOVE)	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY A GOUVEIA Pres 2/5/04 561 5754611

Date

Daytime Phone #