

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2008 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0517672

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

GOUVEIA, JEFFREY A
14133 US HWY 1
LOGGERHEAD PLAZA
JUNO BEACH FL 33408

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, if applicable,

(NOTE: Registered Agent signature required when changing agent)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	☐ Delete
NAME	GOUVEIA, JEFFREY A	
STREET ADDRESS	15484 69TH DR. NORTH	
CITY- ST- ZIP	PALM BEACH GARDENS FL 33418	
TITLE	STD	☐ Delete
NAME	GOUVEIA, BERNADETTE A	
STREET ADDRESS	15484 69TH DR. NORTH	
CITY- ST- ZIP	PALM BEACH GARDENS FL 33418	
TITLE	VPD	☐ Delete
NAME	GOUVEIA, JOSHUA A	
STREET ADDRESS	9127 SE SHARON ST	
CITY- ST- ZIP	HOBE SOUND FL 33455	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day: 222 9300

Jeffrey A Gouveia Pres. JEFFREY A GOUVEIA Pres 18 FEB 08 561722 9300