

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000067036

Entity Name: COVE ENTERPRISES INC.

FILED  
Jan 20, 2009  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 65-0517672

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GOUVEIA, JEFFREY A  
Address: 15484 69TH DR. NORTH  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: STD ( ) Delete  
Name: GOUVEIA, BERNADETTE A  
Address: 15484 69TH DR. NORTH  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VPD ( ) Delete  
Name: GOUVEIA, JOSHUA A  
Address: 9127 SE SHARON ST  
City-St-Zip: HOBE SOUND, FL 33455

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BERNADETTE M. GOUVEIA

STD

01/20/2009

Electronic Signature of Signing Officer or Director

Date