

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000089548

FILED
Apr 27, 2005
Secretary of State

Entity Name: DOVE & ASSOCIATES OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

1762 FOWLER ST
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

1762 FOWLER ST
FORT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 65-0556275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAGLE, KIM S.
3904 SE 12TH PL
CAPE CORAL, FL 33904 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: P () Delete
Name: DOVE, EDWARD W
Address: 209 SUNSET CIR
City-St-Zip: CROSS JUNCTION, VA 22625

Title: D () Delete
Name: DOVE, EDWARD W
Address: 209 SUNSET CIR
City-St-Zip: CROSS JUNCTION, VA 22625

Title: ST () Delete
Name: NAGLE, KIM S.
Address: 3904 SE 12TH PLACE
City-St-Zip: CAPE CORAL, FL

Title: V (X) Delete
Name: CLAY, KEITH
Address: 6790 PANGOLA DRIVE
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NAGLE, KIM S
Address: 3904 SE 12TH PLACE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: ST (X) Change () Addition
Name: NAGLE, KIM S
Address: 3904 SE 12TH PLACE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: V (X) Change () Addition
Name: CLAY, KEITH D
Address: 6790 PANGOLA DRIVE
City-St-Zip: FORT MYERS, FL 33905

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

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: KIM S NAGLE

PST

04/27/2005

Electronic Signature of Signing Officer or Director

Date