

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91070 033 \*\*\*150.00

**DOCUMENT # P97000005962**

1. Entity Name  
**WHITE DOVE INSURANCE AGENCY, INC.**



Principal Place of Business Mailing Address  
**11720 U.S. 19, SUITE 6 7237 STATE RD. 52 11720 U.S. 19, SUITE 6**  
**PORT RICHEY, FL 34668 BAYONET POINT, FL. PORT RICHEY, FL 34668**  
**34667**

**66426687**



03202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3420325**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BOYKO, RICHARD A E.A.**  
**11720 U.S. 19, SUITE 6**  
**PORT RICHEY, FL 34668**  
**7237 STATE ROAD 52**  
**BAYONET POINT FL 34667**

**DO NOT WRITE  
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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**5-31-04**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D.
NAME	BOYKO, RICHARD A E.A.
STREET ADDRESS	11720 U.S. 19, SUITE 6, 7237 STATE RD 52
CITY-ST-ZIP	PORT RICHEY, FL 34668 BAYONET POINT FL 34667
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	

**ADD P.T.S**

**DO NOT WRITE  
IN THIS SPACE**

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 live employees.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5-31-04 861-2722**