


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90167 014 ***150.00

DOCUMENT # P97000005962 1. Entity Name WHITE DOVE INSURANCE AGENCY, INC.	
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Principal Place of Business 7237 STATE ROAD 52 BAYONET POINT, FL 34667	Mailing Address 7237 STATE ROAD 52 BAYONET POINT, FL 34667
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DO NOT WRITE IN THIS SPACE



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3420325	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOYKO, RICHARD A E.A. 7237 STATE ROAD 52 BAYONET POINT, FL 34667
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYKO, RICHARD A E.A. 7237 STATE ROAD 52 BAYONET POINT, FL 34667
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

_____ Date _____ Daytime Phone # _____