


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000009864 1. Entity Name COVE SOUND MOORINGS, INC,	
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Principal Place of Business 12930 YACHT CLUB PLACE CORTEZ, FL 34215 US	Mailing Address 12930 YACHT CLUB PLACE CORTEZ, FL 34215 US
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3427323	Applied For 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

ANDERSON, HARVEY
12930 YACHT CLUB PL
CORTEZ, FL 34215

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000186668

01/21/05-80064-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANDERSON, HARVEY E 12930 YACHT CLUB PLACE CORTEZ, FL 34215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BORNE, ROBERT P 12926 YACHT CLUB PLACE CORTEZ, FL 34215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ADAMSON, JAMES T 5835 LOS VERDES COURT BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

HARVEY E. ANDERSON

1/18/05 941-792-0700