

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000056797

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** DOVE VACATION RENTALS, INC.

**Current Principal Place of Business:**

9220 BONITA BEACH RD., SUITE 201  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 110489  
NAPLES, FL 34108 US

**New Mailing Address:**

**FEI Number:** 59-3454346      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)

**Name and Address of Current Registered Agent:**

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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: DOVE, EMIL W  
Address: 9220 BONITA BEACH RD #201  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: STD ( ) Delete  
Name: CHRISTENSEN, BETTY J  
Address: 9220 BONITA BEACH RD #201  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: EMIL WILSON DOVE

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04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date