

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # P97000069554

1. Entity Name
DOVETAILS ETCETERA, INC.



Principal Place of Business
12926 SE SUZANNE DRIVE
HOBE SOUND, FL 33455

Mailing Address
12926 SE SUZANNE DRIVE
HOBE SOUND, FL 33455



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3460703

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FROST, WILLIAM J
399 S.E. CORK ROAD
PORT SAINT LUCIE, FL 34984

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000905842

05/01/08-80068-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FROST, WILLIAM J
STREET ADDRESS	399 S.E. CORK ROAD
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34984
TITLE	VT
NAME	FROST, JOANNE
STREET ADDRESS	399 S.E. CORK ROAD
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34984
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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/08 772-5460804

Date

Daytime Phone #