

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90258 021 ***150.00

DOCUMENT # P98000073993

1. Entity Name
BLACK DOVE, INC.



Principal Place of Business
**423 BAYFRONT PLACE
NAPLES, FL 34102 US**

Mailing Address
**423 BAYFRONT PLACE
NAPLES, FL 34102 US**

2. Principal Place of Business

340 Seventh Ave. S.

Suite, Apt. #, etc.

#2

City & State

Naples, FL

Zip **34102**

Country

3. Mailing Address

340 Seventh Ave. S.

Suite, Apt. #, etc.

#2

City & State

Naples, FL

Zip

34102

Country



04122004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3528841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PETER D WALLACK, GUALARIO & LICHT P.A.
791 TENTH STREET SOUTH
NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name

Hiltrud Grieser

Street Address (P.O. Box Number is Not Acceptable)

340 Seventh Ave South

City

Naples

FL

Zip Code

34102

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

4/13/04

**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 **P** ☐ Delete
NAME **GNIESER, HILTRUD**
STREET ADDRESS **340 7TH AVENUE SOUTH**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/04

(239) 649-4545