

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000102281

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** KOVE RESTAURANT ENTERPRISES INC

**Current Principal Place of Business:**

10135 US HWY. 441  
BELLEVIEW, FL 34420

**New Principal Place of Business:**

**Current Mailing Address:**

4451 S.E. 17TH AVE  
OCALA, FL 34480

**New Mailing Address:**

**FEI Number:** 59-3608232

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOVELESKY, BARRY  
4451 SE 17TH AVE.  
OCALA, FL 34480 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KOVELESKY, BARRY  
Address: 4451 SE 17TH AVE.  
City-St-Zip: OCALA, FL 34480

Title: VP  
Name: KOVELESKY, MARLENE  
Address: 4451 SE 17TH AVE.  
City-St-Zip: OCALA, FL 34480

Title: COO  
Name: KOVELESKY, JASON  
Address: 4451 SE 17TH AVE>  
City-St-Zip: OCALA, FL 34480

I hereby 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 all other like empowered.

SIGNATURE: BARRY KOVELESKY

PRES

01/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date