

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000012449

**Entity Name:** CAPCOV INC. \*\*\*\*\*

**Current Principal Place of Business:**

2536 CLAYMORE STREET  
ODESSA, FL 33556

**Current Mailing Address:**

2536 CLAYMORE STREET  
ODESSA, FL 33556 US

**FEI Number:** 83-3572318

**Certificate of Status Desired:** No

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

SHUKLA, DHVANI  
2536 CLAYMORE ST  
ODESSA, FL 33556 US

*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:** DHVANI SHUKLA

02/08/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SHUKLA, DHVANI  
Address 2536 CLAYMORE STREET  
City-State-Zip: TAMPA FL 33556

*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:** DHVANI SHUKLA

**PRESIDENT**

02/08/2025

Electronic Signature of Signing Officer/Director Detail

Date