

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005493

FILED
Sep 09, 2008
Secretary of State

Entity Name: DOVER CAPITAL ENTERPRISES, INC.

Current Principal Place of Business:

6212 CRESWELL DR
KNOXVILLE, TN 37919

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7769
CINCINNATI, OH 45231

New Mailing Address:

FEI Number: 34-0811821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARINO, WILLIAM P JR
4800 A1A UNIT 302
VERO BEACH, FL 329631221 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: DP () Delete
Name: MARINO TAUFIQ, ANN
Address: 6212 CRESWELL DR
City-St-Zip: KNOXVILLE, TN 37919

Title: DV () Delete
Name: MARINO, WILLIAM JR
Address: 4800 A1A UNIT 302
City-St-Zip: VERO BEACH, FL 329631221

Title: DS () Delete
Name: MARINO, REGINA
Address: 6212 CRESWELL DR
City-St-Zip: KNOXVILLE, TN 37919

Title: DT () Delete
Name: MARINO DAUGHERTY, FRAN
Address: 6212 CRESWELL DR
City-St-Zip: KNOXVILLE, TN 37919

Title: D () Delete
Name: GANTOUS, JUDY
Address: 6212 CRESWELL DR
City-St-Zip: KNOXVILLE, TN 37919

Title: D () Delete
Name: MARINO, DAVID
Address: 6212 CRESWELL DR
City-St-Zip: KNOXVILLE, TN 37919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 exemption stated 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 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: OVA HELTON, JR.

ACCT

09/09/2008

Electronic Signature of Signing Officer or Director

Date