

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90998 048 \*\*\*150.00

**DOCUMENT # F96000002779**

1. Entity Name

DOVER PARTNERS, INC.



Principal Place of Business

3033 S. KETTERING BLVD., #320  
DAYTON OH 45439

Mailing Address

3033 S. KETTERING BLVD., #320  
DAYTON OH 45439

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1281984

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, RICHARD A CFA  
14310-C HARBOUR LINKS CT  
FORT MYERS FL 33908

Name

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

City

**FL**

Zip Code

B. 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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME CAMPBELL, RICHARD A CFA  
STREET ADDRESS ~~3701 WINKLER AVE., #436~~ 14310-C Harbour Links Ct.  
CITY-ST-ZIP FT MYERS FL 33912 Ft. Myers, FL 33908

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

TITLE V ☐ Delete  
NAME PENDERGRAFT, ANDREA J CFA  
STREET ADDRESS 3033 S. KETTERING BLVD., #320  
CITY-ST-ZIP DAYTON OH 45439

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

TITLE S ☐ Delete  
NAME WHALEN, MARY JANE B  
CITY-ST-ZIP DAYTON OH 45429

TITLE ☐ Change ☐ Addition  
NAME  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME WHALEN, HERBERT E JR  
STREET ADDRESS 3444 RIDGEWAY RD.  
CITY-ST-ZIP DAYTON OH 45429

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

TITLE DC ☐ Delete  
NAME NEWELL, JACKSON  
STREET ADDRESS 3033 S. KETTERING BLVD., #320  
CITY-ST-ZIP DAYTON OH 45439

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Andrea Pendergraft*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrea Pendergraft 4/19/04  
Date Daytime Phone #