

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90025 001 \*\*\*\*70.00

<b>DOCUMENT # N34582</b> 1. Entity Name <b>DOVELAND, INC.</b>					
Principal Place of Business <b>601 COVENANT DRIVE BELLE GLADE, FL 33430-5728</b>			Mailing Address <b>601 COVENANT DRIVE BELLE GLADE, FL 33430-5728</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0185583</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MORRIS, ROBERT ESQ 685 ROYAL PALM BCH BLVD STE #205 ROYAL PALM BCH, FL 33411</b>				7. Name and Address of New Registered Agent Name <b>ROBERT R. MORRIS, ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>685 ROYAL PALM BEACH BOULEVARD</b> SUITE #205 City <b>ROYAL PALM BEACH</b>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MCCLENDON, EDNA O</b> <b>140 SANTA MONICA AVENUE</b> <b>ROYAL PALM BEACH, FL 33411</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>REUTER, MONIKA</b> <b>4485 N.W. 65TH TERRACE</b> <b>LAUDERHILL, FL 33319</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <b>HARRISON, NORMAN</b> <b>324 EAST CANAL STREET SOUTH #7</b> <b>BELLE GLADE, FL 33430</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>JACKSON, LAURA</b> <b>440 WEST 30TH STREET</b> <b>RIVIERA BEACH, FL 33404</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SMITH, NANCY</b> <b>1740 SE AVENUE K</b> <b>BELLE GLADE, FL 33430</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 617, 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.					
<b>SIGNATURE:</b>			<b>JANUARY 13, 2005 (561) 996-2300</b>		
EDNA O. MCCLENDON, PRESIDENT			Date Daytime Phone #		