

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000001000

Entity Name: DOVESTORIES, INC.

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

30845 RIDGECREST TERRACE  
SORRENTO, FL 32776 US

**New Principal Place of Business:**

**Current Mailing Address:**

30845 RIDGECREST TERRACE  
SORRENTO, FL 32776 US

**New Mailing Address:**

FEI Number: 80-0007752

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NISI, FRANK P JR  
2003 LAKE HOWELL LANE., STE 101  
MAITLAND, FL 32751 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: D  
Name: CLAYPOOLE, DENNIS L D  
Address: 30845 RIDGECREST TERRACE  
City-St-Zip: SORRENTO, FL 32776 US

Title: D  
Name: CLAYPOOLE, JOANN M D  
Address: 30845 RIDGECREST TERRACE  
City-St-Zip: SORRENTO, FL 32776 US

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: DENNIS L. CLAYPOOLE

D

01/11/2012

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

\_\_\_\_\_  
Date