

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90011 039 \*\*\*150.00

**DOCUMENT # P03000016785**

1. Entity Name  
**DOVEWOOD DEVELOPERS, INC.**



Principal Place of Business  
**809 INNERGARY PLACE  
VALRICO, FL 33594**

Mailing Address  
**809 INNERGARY PLACE  
VALRICO, FL 33594**

66413304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02232004

Chap

CR2E034 (10/03)

4. FEI Number

59-3547191

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

**PEAVYHOUSE, RUSSELL K ESQUIRE  
10002 PRINCESS PALM AVENUE  
SUITE 228  
TAMPA, FL 33619**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and date 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**

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  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**PSD  
NORRIS, MELANIE  
809 INNERGARY PLACE  
VALRICO, FL 33594**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**VPTD  
CHADWELL, BRENDA  
809 INNERGARY PLACE  
VALRICO, FL 33594**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

*Melanie S. Norris*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/04

8136226620

Daytime Phone