

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

02-24-2004 90014 001 ***150.00

DOCUMENT # P03000017425					
1. Entity Name DOVER PROPERTIES, INC					
Principal Place of Business 96 LOYOLA DRIVE ORMOND BEACH FL 32176			Mailing Address 96 LOYOLA DRIVE ORMOND BEACH FL 32176		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LOGUDICE, JOE 555 W. GRANDA BLVD STE B-5 ORMOND BEACH FL 32174			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 _____ DATE <u>3/11/05</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
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. <input type="checkbox"/> \$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 - ST - ZIP	D RIOUX, DAVID 96 LOYOLA DRIVE ORMOND BEACH FL 32176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RIOUX, CARMELLA 96 LOYOLA DRIVE ORMOND BEACH FL 32176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RIOUX, CARMELLA 96 LOYOLA DRIVE ORMOND BEACH FL 32176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RIOUX, CARMELLA 96 LOYOLA DRIVE ORMOND BEACH FL 32176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RIOUX, CARMELLA 96 LOYOLA DRIVE ORMOND BEACH FL 32176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RIOUX, CARMELLA 96 LOYOLA DRIVE ORMOND BEACH FL 32176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RIOUX, CARMELLA 96 LOYOLA DRIVE ORMOND BEACH FL 32176	<input type="checkbox"/> Delete			
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: <u>Carmella Rioux</u> <u>2-20-04</u> <u>386-673-6290</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					