

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000074706

FILED  
Jul 12, 2004  
Secretary of State

Entity Name: M. DOVERSPIKE MANAGEMENT, INC.

## Current Principal Place of Business:

5125 CASTELLO DRIVE  
NAPLES, FL 34103

## New Principal Place of Business:

5133 CASTELLO DRIVE  
SUITE # 1  
NAPLES, FL 34103

## Current Mailing Address:

5125 CASTELLO DRIVE  
NAPLES, FL 34103

## New Mailing Address:

5133 CASTELLO DRIVE  
SUITE # 1  
NAPLES, FL 34103

FEI Number: 20-0078217

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOVERSPIKE, MONTEE A  
5125 CASTELLO DRIVE  
NAPLES, FL 34103

## Name and Address of New Registered Agent:

DOVERSPIKE, MONTEE A  
5133 CASTELLO DRIVE  
SUITE # 1  
NAPLES, FL 34103

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: MONTEE A DOVERSPIKE

07/12/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DOVERSPIKE, MONTEE A  
Address: 12625 GLEN ROAD  
City-St-Zip: POTOMAC, MD 20854

Title: S ( ) Delete  
Name: DAVIS, BRIDGETTE R  
Address: 12625 GLEN ROAD  
City-St-Zip: POTOMAC, MD 20854

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MONTEE A DOVERSPIKE

P

07/12/2004

Electronic Signature of Signing Officer or Director

Date