

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000074706

FILED
Aug 30, 2005
Secretary of State

Entity Name: M. DOVERSPIKE MANAGEMENT, INC.

Current Principal Place of Business:

5133 CASTELLO DRIVE
SUITE # 1
NAPLES, FL 34103

New Principal Place of Business:

223 DOLPHIN COVE CT.
BONITA SPRINGS, FL 34134

Current Mailing Address:

5133 CASTELLO DRIVE
SUITE # 1
NAPLES, FL 34103

New Mailing Address:

223 DOLPHIN COVE CT.
BONITA SPRINGS, FL 34134

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
5133 CASTELLO DRIVE
SUITE # 1
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

DOVERSPIKE, MONTEE A
223 DOLPHIN COVE CT.
BONITA SPRINGS, FL 34134 US

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:

08/30/2005

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: P (X) Change () Addition
Name: DOVERSPIKE, MONTEE A
Address: 40819 CLIFORD CT
City-St-Zip: WATERFORD, VA 20197

Title: S (X) Change () Addition
Name: DAVIS, BRIDGETTE R
Address: 40819 CLIFORD CT
City-St-Zip: WATERFORD, VA 20197

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 DOVERSPIKE

P

08/30/2005

Electronic Signature of Signing Officer or Director

Date