

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136256

FILED
Apr 05, 2006
Secretary of State

Entity Name: RACHELLE DOVER COMPANY

Current Principal Place of Business:

3615 BOCA CIEGA DRIVE
#110
NAPLES, FL 34112

New Principal Place of Business:

17743 INDIAN ISLAND COURT
FORT MYERS, FL 33908

Current Mailing Address:

3615 BOCA CIEGA DRIVE
#110
NAPLES, FL 34112

New Mailing Address:

17743 INDIAN ISLAND COURT
FORT MYERS, FL 33908

FEI Number: 20-1684843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOVER, RACHELLE
3615 BOCA CIEGA DRIVE
#110
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

DOVER, RACHELLE
17743 INDIAN ISLAND COURT
FORT MYERS, FL 33908 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:

04/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOVER, RACHELLE
Address: 3615 BOCA CIEGA DRIVE, #110
City-St-Zip: NAPLES, FL 34112

Title: VP () Delete
Name: DOVER, RACHELLE
Address: 3615 BOCA CIEGA DRIVE, #110
City-St-Zip: NAPLES, FL 34112

Title: T () Delete
Name: DOVER, RACHELLE
Address: 3615 BOCA CIEGA DRIVE, #110
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DOVER, RACHELLE
Address: 17743 INDIAN ISLAND COURT
City-St-Zip: FORT MYERS, FL 33908

Title: VP (X) Change () Addition
Name: DOVER, RACHELLE
Address: 17743 INDIAN ISLAND COURT
City-St-Zip: FORT MYERS, FL 33908

Title: T (X) Change () Addition
Name: DOVER, RACHELLE
Address: 17743 INDIAN ISLAND COURT
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RACHELLE DOVER

P

04/05/2006

Electronic Signature of Signing Officer or Director

Date