

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136256

Entity Name: RACHELLE DOVER COMPANY

FILED  
Mar 22, 2009  
Secretary of State

## Current Principal Place of Business:

17743 INDIAN ISLAND COURT  
FORT MYERS, FL 33908

## New Principal Place of Business:

6679 WILLOW LAKE CIRCLE  
FORT MYERS, FL 33966

## Current Mailing Address:

17743 INDIAN ISLAND COURT  
FORT MYERS, FL 33908

## New Mailing Address:

6679 WILLOW LAKE CIRCLE  
FORT MYERS, FL 33966

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  
17743 INDIAN ISLAND COURT  
FORT MYERS, FL 33908 US

## Name and Address of New Registered Agent:

YOUMANS, RACHELLE  
6679 WILLOW LAKE CIRCLE  
FORT MYERS, FL 33966 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: RACHELLE YOUMANS

03/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: YOUMANS, RACHELLE  
Address: 6679 WILLOW LAKE CIRCLE  
City-St-Zip: FORT MYERS, FL 33966

Title: VP (X) Change ( ) Addition  
Name: YOUMANS, RACHELLE  
Address: 6679 WILLOW LAKE  
City-St-Zip: FORT MYERS, FL 33966

Title: T (X) Change ( ) Addition  
Name: YOUMANS, RACHELLE  
Address: 6679 WILLOW LAKE CIRCLE  
City-St-Zip: FORT MYERS, FL 33966

I hereby certify that the information supplied with this filing does not qualify 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 YOUMANS

P

03/22/2009

Electronic Signature of Signing Officer or Director

Date