

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000015890

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: DOVER - NEAL DEVELOPMENT, INC.

**Current Principal Place of Business:**

2178 N US HWY. 1  
FT. PIERCE, FL 34945 US

**New Principal Place of Business:**

**Current Mailing Address:**

75 SOUTHFIELD  
ECORSE, MI 48229

**New Mailing Address:**

FEI Number: 58-2102673      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZEIHER, WILLIAM A  
100 NE 3RD AVE #280  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: DOVERSPIKE, JUDITH  
Address: 35000 JEFFERSON  
City-St-Zip: HARRISON TOWNSHIP, MI 48045

Title: PD ( ) Delete  
Name: DOVERSPIKE, IVAN D  
Address: 6 WEST LANE  
City-St-Zip: DEARBORN, MI 48124

Title: VD ( ) Delete  
Name: NEAL, CRAIG M  
Address: 35080 JEFFERSON  
City-St-Zip: HARRISON TOWNSHIP, MI 48045

Title: SD ( ) Delete  
Name: NEAL, JILL  
Address: 35080 JEFFERSON  
City-St-Zip: HARRISON TOWNSHIP, MI 48045

Title: CEOD ( ) Delete  
Name: DOVERSPIKE, IVAN D.  
Address: 6 WEST LANE  
City-St-Zip: DEARBORN, MI 48124

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 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: IVAN D. DOVERSPIKE

PD

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date