

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90029 035 \*\*\*150.00

**DOCUMENT # P96000078059**

1. Entity Name  
**RON DOVEY, INC.**



Principal Place of Business  
**4930 ORANGE GROVE BLVD  
NORTH FT MYERS, FL 33903**

Mailing Address  
**4930 ORANGE GROVE BLVD  
NORTH FT MYERS, FL 33903**

**54006316**



2. Principal Place of Business  
**7218 REYMOOR DR.  
Suite, Apt. #, etc.**

3. Mailing Address  
**7218 REYMOOR DR.  
Suite, Apt. #, etc.**

01142004 Chg-P CR2E034 (10/03)

City & State  
**N. FT. MYERS FL**  
Zip  
**33917**  
Country  
**US**

City & State  
**N. FT. MYERS, FL. 3**  
Zip  
**33917**  
Country  
**US**

4. FEI Number  
**65-0711938**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DOVEY, RONALD  
4930 ORANGE GROVE BLVD  
NORTH FT MYERS, FL 33903**

**7. Name and Address of New Registered Agent**

Name  
**RONALD DOVEY**

Street Address (P.O. Box Number is Not Acceptable)  
**7218 REYMOOR DR.**

City  
**N. FT. MYERS** FL Zip Code  
**33917**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPS  
DOVEY, RONALD  
4930 ORANGE GROVE BLVD  
NORTH FT MYERS, FL 33903** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
**7218 REYMOOR DR  
N. FT. MYERS, FL 33917**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/19/04** Daytime Phone #: **239-995-7805**