

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000017462

1. Entity Name  
DOVER PLACE, INC.



Principal Place of Business  
3927 ARNOLD AVE.  
NAPLES, FL 34104

Mailing Address  
3927 ARNOLD AVE.  
NAPLES, FL 34104

FILED

2004 JUN -3 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03202003 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3431217

Applied For  
Not Applicable

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

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

PRICE, MARK J  
ROETZEL & ANDRESS  
850 PARKSHORE DR.  
NAPLES, FL 34103

**DO NOT WRITE  
IN THIS SPACE**

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

600037669816  
06/04/04--01055--026 \*\*550.00

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SPINELLI, WILLIAM
STREET ADDRESS	3927 ARNOLD AVE.
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	VP
NAME	SPINELLI, THOMAS
STREET ADDRESS	3927 ARNOLD AVENUE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

LM  
6/3

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:

*Thomas Spinelli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/04  
Date

(239) 425-0301  
Daytime Phone #