


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90290 024 \*\*\*150.00

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>DOCUMENT # P98000091250</b><br>1. Entity Name<br><b>DOVERSPIKE CORPORATION</b>   |   |   |  |   |  |
| Principal Place of Business<br><b>10675 QUAIL COVEY ROAD<br/>BOYNTON BEACH, FL 33436</b>  |   |   | Mailing Address<br><b>10675 QUAIL COVEY ROAD<br/>BOYNTON BEACH, FL 33436</b>               |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc. |  |  |  |
| City & State  |   | City & State                                  |  | 4. FEI Number<br><b>65-0879529</b>   |  |
| Zip   |   | Country                                       |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BELSON, STEVEN A ESQ<br/>BELSON &amp; LEWIS<br/>2000 GLADES ROAD, SUITE 300<br/>BOCA RATON, FL 33431</b>  |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br><b>Steven A. Belson, Esq.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>Belson &amp; Lewis, Inc.</b><br><b>2500 North Military Trail, Suite 465</b><br>City<br><b>Boca Raton</b> <b>FL</b> Zip Code<br><b>33431</b> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |   |   | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                      |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>President</b><br><b>DOVERSPIKE, ELEANOR M</b><br><b>10675 QUAIL COVEY RD</b><br><b>BOYNTON BCH, FL 33436</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Secretary, Treasurer</b><br><b>Doverspike, Eleanor M.</b><br><b>10675 Quail Covey Road</b><br><b>Boynton Beach, FL 33436</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Director</b><br><b>Doverspike, Eleanor M.</b><br><b>10675 Quail Covey Road</b><br><b>Boynton Beach, FL 33436</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| 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. |   |   |  |  |  |
| <b>SIGNATURE: Eleanor M. Doverspike Pres.</b> <b>4/23/04 561-738-1750</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #<br><b>Eleanor M. Doverspike, President</b>   |   |   |  |  |  |