

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000106442

FILED  
Mar 06, 2007  
Secretary of State

Entity Name: ST CORPORATION OF DOVER

**Current Principal Place of Business:**

3135 N DOVER RD  
DOVER, FL 33527

**New Principal Place of Business:**

**Current Mailing Address:**

3135 N DOVER RD  
DOVER, FL 33527

**New Mailing Address:**

FEI Number: 59-3610469

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ABRAHAM, MATHEW  
2754 VALENCIAGROVE DR  
VALRICO, FL 33594 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: VPD ( ) Delete  
Name: TOMY, THOMAS  
Address: 1601 PALACE CT  
City-St-Zip: VALRICO, FL 33594

Title: PD ( ) Delete  
Name: ABRAHAM, MATTHEW  
Address: 2754 VALENCIA GROVE DR  
City-St-Zip: VALRICO, FL 33594

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

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 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: MATHEW ABRAHAM

PRES

03/06/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date