


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90223 001 ***300.00

DOCUMENT # V68033	
1. Entity Name DOVER INVESTMENTS, INC.	

Principal Place of Business 109 GULF BREEZE BLVD VENICE FL 34293 US	Mailing Address 109 GULF BREEZE BLVD VENICE FL 34293-7207 US
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2. Principal Place of Business 2107 Ona Rd.	3. Mailing Address 2107 Ona Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Crossville, TN	City & State Crossville, TN
Zip 38572	Country
Country	Zip 38572
Country	Country

4. FEI Number 65-0363914	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DOVER, EDWARD 109 GULF BREEZE BLVD. VENICE FL 34293	7. Name and Address of New Registered Agent Name Brandon E. Dover Street Address (P.O. Box Number is Not Acceptable) 2907 Ramada Dr. Apt. 376 City Tampa FL Zip Code 33613
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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 Brandon E. Dover **Brandon E. Dover** **04/29/05**
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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOVER, EDWARD 109 GULF BREEZE BLVD. VENICE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edward Dover 2107 Ona. Rd. Crossville, TN 38572 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Edward Dover **Edward Dover** **04/29/05** **931 456-5000**
Signature and typed or printed name of signing officer or director Date Daytime Phone #