P00000106737

**DOCUMENT#** 1. Entity Name

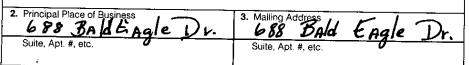
DOUGHMONKEY, INC.

Principal Place of Business

188 ROYAL PALM DR MARCO ISLAND FL 34145 Mailing Address

1281 FRUITLAND AVE.

MARCO ISLAND FL 34145





2. Principal Place of Business 688 BALLAGIE	3. Mailing Address BAId Engle Dr.				T TO THE STATE OF THE BOTTLE B				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
Marco Island Fl		City & State AYCO ISI		and, F	-[ 4.	FEI Number <b>59-3686008</b>		Applied For	
34145 Country USA		34145	Country			Certificate of Status Desired	□ \$8.75 Fee Requ	Additional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
LIMA, ANDREA 220 SOUTH COLLIER BLVD.				Name Street Address (P.O. Box Number is Not Acceptable)					
#701									
MARCO ISLAND FL 34145				City Zip Code  egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
the obligations of registered agent.	statement for t	the purpose of changing its	registered o	ffice or regis	stered ag	gent, or both, in the State of Flor	ida. I am familiar wi	th, and accept	
SIGNATURE WILLIA 7. June 7.11.02								• [	
Signature, typed or printed name of re	gistered agent and	ditite if applicable. (NOTE	: Registered Age	nt signature requ	ired when re	einstating)	DATE		
lax filing requirement and elects to do so.  After September 13, 2				FEE IS \$550.00 2002 Fee will be \$750.0 to Department of State		10. Election Campaign Fina Trust Fund Contribution.	~	.00 May Be led to Fees	
11. OFFIC	CERS AND DI	RECTORS	12.	-	AD	L DITIONS/CHANGES TO OFFIC	EDS AND DIDECTO	DO IN 44	
TITLE PS NAME RUCKMAN, RHONDA STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL 341	145	☐ Delete	TITLE NAME STREET ADI	I			☐ Chang		
TITLE VP NAME LIMA, ANDREA STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL 341	₹701  45	☐ Delete	TITLE NAME STREET ADD	DRESS	<u>.</u>	-	☐ Change	Addition	
TITLE  NAME_ STREET ADDRESS  CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADD CITY-ST-ZII	1	·	<b>V</b> <u>.</u>	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIP	1			☐ Change	Addition	
TITLE  IAME  STREET ADDRESS  STY-ST-ZIP	<u> </u>	☐ Delete	TITLE NAME STREET ADDA				Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP  3. I hereby certify that the information sup	plied with this	Delete	TITLE NAME STREET ADDR	RESS			☐ Change	☐ Addition	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Andrea K. Lima

Albahmans Minisions of Experations To whom it may loneers. The received the form UBR) sor the first time of Called and was told to write of send this indle along with our Check you #150.00 Please note new mailing of lusiness rddress. Doughmonkey, Drc.
688 Bald Cagle Drive
Marco Island, Dlerida 34145 Zhank you