


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90050 021 ***150.00

DOCUMENT # P04000074360			
1. Entity Name GOOD THINGS DONUTS INC.			
Principal Place of Business 318 SOUTH FERDON BLVD. CRESTVIEW, FL 32536		Mailing Address 318 SOUTH FERDON BLVD. CRESTVIEW, FL 32536	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 296 S. Ferdon Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		Crestview FL	
Zip	Country	32536	USA



01292007 Chg-P CR2E034 (12/06)

4. FEI Number 20-1068872	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOWERS, DANIEL A JR. 1584 SOUTH PEARL STREET CRESTVIEW, FL 32539		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 296 S. Ferdon Blvd City Crestview FL Zip Code 32536	
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: <u>Daniel A. Bowers</u> DATE: <u>4-4-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOWERS, DANIEL A JR. 1582 SOUTH PEARL STREET CRESTVIEW, FL 32539 <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	D MCKELVY, JAMES D 1582 SOUTH PEARL STREET CRESTVIEW, FL 32539 <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	VD SHAW, LINCOLN 1582 SOUTH PEARL STREET CRESTVIEW, FL 32539 <input checked="" 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	D WADE, MICHAEL 748 FREDONIA ROAD THOMASVILLE, GA 31757 <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
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 exemptions contained 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 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: Daniel A. Bowers Date: 2-14-2007 (850) 682-0791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #