

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90052 046 ***150.00

DOCUMENT # P05000112302

1. Entity Name
DOING DINNER, INC.



4000000-

Principal Place of Business
**3101 S.W. 34TH AVENUE
SUITE 804
OCALA, FL 34474**

Mailing Address
**10246 SW 74TH TERRACE
OCALA, FL 34476**

2. Principal Place of Business - No P.O. Box #
2135 S.W. 19TH AVE RD

3. Mailing Address

Suite, Apt. #, etc.
SUITE 102

Suite, Apt. #, etc.

City & State
OCALA FL

City & State

Zip
34474

Country
MARION

Zip

Country

01132007 Chg-P CR2E034 (12/06)

4. FEI Number
20-3305667

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, RICK
10246 SW 74TH TERRACE
OCALA, FL 34476**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Rick L. Miller **RICK L. MILLER**

4-20-07

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, 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
**PSTD
MILLER, RICK
10246 SW 74TH TERRACE
OCALA, FL 34476** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP D
MILLER, MARY
10246 SW 74TH TERRACE
OCALA, FL 34476** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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:

Rick L. Miller **RICK L. MILLER**

4-20-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #