

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

04-12-2007 90022 010 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000022713			
1. Entity Name DOUGH BOY'S PIZZA OF BOYNTON BEACH, INC.			
Principal Place of Business 417 E BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33435 US		Mailing Address 417 E BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33435 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-4321073		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHN PORTER ACCOUNTING INC 400 S FEDERAL HWY 404 BOYNTON BEACH, FL 33435		7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) 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	P COMO, BIAGIO 701 N CONGRESS AVE BOYNTON BEACH, FL 33426 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	XXXXXXXXXXXXXXXXXXXX ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	XXXXXXXXXXXXXXXXXXXX ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	XXXXXXXXXXXXXXXXXXXX ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ 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 life empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____			