

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-05-2007 90073 005 ***150.00

DOCUMENT # P06000127015			
1. Entity Name MY DOUGH BOY, INC.			
Principal Place of Business 1600 FIRST AVE S STEINHATCHEE, FL 32359		Mailing Address P.O. BOX 1059 STEINHATCHEE, FL 32359	
2. Principal Place of Business - No P.O. Box # 17650 NW Hwy 19		3. Mailing Address 17650 NW Hwy 19	
State, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FANNING SPRINGS, FL		City & State FANNING SPRINGS, FL	
Zip 32693	Country LEVY	Zip 32693	Country LEVY
4. FEI Number 20-5663220		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BOSTIC, WANDA 1600 FIRST AVE S STEINHATCHEE, FL 32359		7. Name and Address of New Registered Agent DENISE MORGAN 12251 NW 102 LANE CHIEFLAND, FL 32626	
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: Denise Morgan (NOTE: Registered Agent signature required when changing) DATE: 2/1/07			
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 D & PRES	NAME BOSTIC, SCOTT	TITLE	NAME
STREET ADDRESS 1600 FIRST AVE S	CITY-ST-ZIP STEINHATCHEE, FL 32359	STREET ADDRESS	CITY-ST-ZIP
TITLE D & SEC	NAME BOSTIC, WANDA	TITLE	NAME
STREET ADDRESS 1600 FIRST AVE S	CITY-ST-ZIP STEINHATCHEE, FL 32359	STREET ADDRESS	CITY-ST-ZIP
TITLE V.P.	NAME DENISE MORGAN	TITLE	NAME
STREET ADDRESS 12251 NW 102 LANE	CITY-ST-ZIP CHIEFLAND, FL 32626	STREET ADDRESS	CITY-ST-ZIP
TITLE TREAS.	NAME Jimmy BOSTIC	TITLE	NAME
STREET ADDRESS 1600 FIRST AVE S	CITY-ST-ZIP STEINHATCHEE, FL 32359	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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 information.			
SIGNATURE: Scott Bostic		DATE: 2/1/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

Daytime Phone #