

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90156 004 \*\*\*150.00

DOCUMENT # P06000127015

1. Entity Name

MY DOUGH BOY, INC.



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Principal Place of Business

17650 NW HWY 19  
FANNING SPRING FL 32693

Mailing Address

17650 NW HWY 19  
FANNING SPRING FL 32693



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 20-5663220

Applied For  
Not Applicable

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

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

MORGAN, DENISE  
12251 NW 102 LANE  
STEINHATCHEE FL 32359

7. Name and Address of New Registered Agent

Name *JIMMY BOSTIC*  
Street Address (P.O. Box Number is Not Acceptable)  
*17650 NW Hwy 19*  
City *FANNING* FL Zip Code *32693*

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 state if a principal

(If CFE Registered Agent, sign and register with notary public)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME BOSTIC, SCOTT  
STREET ADDRESS 1600 FIRST AVE S  
CITY-ST-ZIP STEINHATCHEE FL 32359

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

TITLE SD ☐ Delete  
NAME BOSTIC, WANDA  
STREET ADDRESS 1600 FIRST AVE S  
CITY-ST-ZIP STEINHATCHEE FL 32359

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

TITLE VP ☒ Delete  
NAME MORGAN, DENISE  
STREET ADDRESS 12251 NW 102 LANE  
CITY-ST-ZIP CHIEFLAND FL 32626

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

TITLE T ☐ Delete  
NAME BOSTIC, JIMMY  
STREET ADDRESS 1600 E. AVE. S  
CITY-ST-ZIP STEINHATCHEE FL 32359

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Wanda Bostic* WANDA BOSTIC 4/8/08 352-463-9925

Ca

Daytime Phone #