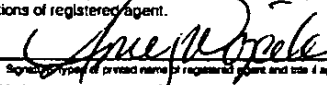
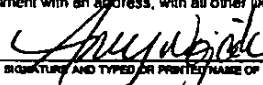


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

02-25-2008 90042 020 ***150.00

DOCUMENT # P07000061401					
1. Entity Name WOJ'S DOUGH, INC.					
Principal Place of Business 381 HIDDEN VALLEY DRIVE NAPLES, FL 34113			Mailing Address 381 HIDDEN VALLEY DRIVE NAPLES, FL 34113		
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 26-0232937	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent NOVATT, JEFF M 821 FIFTH AVENUE SOUTH, STE. 201 NAPLES, FL 34102				7. Name and Address of New Registered Agent Name Amy Wojcik Street Address (P.O. Box Number is Not Acceptable) 381 Hidden Valley Drive City Naples FL Zip Code 34113	
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  President DATE 1/14/08 Signature of president of private corporation and fee is applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		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 ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	WOJCIK, JOHN	NAME			
STREET ADDRESS	375 HIDDEN VALLEY DRIVE	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34113	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	WOJCIK, NANCY	NAME			
STREET ADDRESS	375 HIDDEN VALLEY DRIVE	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34113	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	WOJCIK, AMY	NAME			
STREET ADDRESS	381 HIDDEN VALLEY DRIVE	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34113	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 empowered.					
SIGNATURE:  Amy Wojcik		DATE: 1/14/08		DAYTIME PHONE #: 407-230-0853	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					