

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2006 8:00 am
Secretary of State

09-08-2006 90001 005 ***150.00

DOCUMENT # P95000051111

1. Entity Name
DOUGHMEISTER, INC.



Principal Place of Business
**1800 EAST FRANKLIN ST
EASTGATE SHOPPING CNTR #7
CHAPEL HILL, NC 27514 US**

Mailing Address
**1800 EAST FRANKLIN ST
EASTGATE SHOPPING CNTR #7
CHAPEL HILL, NC 27514 US**

60038646



07282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1929780

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LARCHE, JAMES G JR.
4041 NW 37TH PLACE
SUITE B
GAINESVILLE, FL 32606**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	STANFORD, DAVID W
STREET ADDRESS	5007 SWEETEN CREEK RD
CITY-ST-ZIP	CHAPEL HILL, NC 27514
TITLE	SD
NAME	STANFORD, MARY E
STREET ADDRESS	5007 SWEETEN CREEK RD
CITY-ST-ZIP	CHAPEL HILL, NC 27514
TITLE	VASD
NAME	STANFORD, JOHN W
STREET ADDRESS	1213 HOMESTEAD DR
CITY-ST-ZIP	VIRGINIA BEACH, VA 23464
TITLE	PRESIDENT
NAME	JEFFREY MILLER
STREET ADDRESS	231 HILLCREST CIRCLE
CITY-ST-ZIP	CHAPEL HILL, NC 27514
TITLE	VICE PRESIDENT
NAME	MICHELLE WILLIAMS
STREET ADDRESS	2406 OLD OAK PLACE
CITY-ST-ZIP	HILLSBOROUGH, NC 27278
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey J. Miller **Jeffrey J. Miller**

9/1/06 **9/1/06**

9199697112 **9199697112**

Date

Daytime Phone #