

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

05-30-2008 90220 016 \*\*\*541.25

**DOCUMENT # P98000020345**

1. Entity Name  
**CONKO'S DOUGH INC.**



Principal Place of Business  
**8966 BELVEDERE ROAD  
WEST PALM BEACH, FL 33411 US**

Mailing Address  
**P.O. BOX 210008  
ROYAL PALM BEACH, FL 33421-0008 US**



05062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0828684**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CURRY, G. ROSS  
8966 BELVEDERE ROAD  
WEST PALM BEACH, FL 33411**

**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 \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME CONKLIN, JODI  
STREET ADDRESS 8966 BELVEDERE ROAD  
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE  
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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

05/16/08  
Date

561 793-2477  
Daytime Phone #