

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90364 023 ***150.00

DOCUMENT # P99000002354

1. Entity Name:
WHIM SO DOODLE, INC.



Principal Place of Business Mailing Address
3173 FOURTH STREET NORTH **3173 FOURTH STREET NORTH**
ST. PETERSBURG, FL 33704 33701 **ST. PETERSBURG, FL 33704 33701**
237 2nd Ave S **237 2nd Ave S**

4000000000



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

04232008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number: 59-3549146 Applied For: Not Applicable

Zip: Country Zip: Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OROBELLO, JILL S
3173 FOURTH STREET NORTH
ST. PETERSBURG, FL 33704 33701
237 2nd Ave S

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: **FL** Zip Code:

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
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME **OROBELLO, JILL S**
STREET ADDRESS **3173 FOURTH STREET NORTH 237 2nd Ave S**
CITY-ST-ZIP **ST. PETERSBURG, FL 33704 33701**

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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

Date

Daytime Phone #