2004 FOR PROFIT CORPORATION:

FILED Feb 09, 2004 8:00 am ANNUAL REPORT (AR) **Secretary of State DOCUMENT # 240722** 1. Entity Name 02-09-2004 90052 040 ***158.75 SHADY GROVE DAIRY FARM INC Mailing Address Principal Place of Business 5005 STRATON ROAD 94012011 STRATON RD. AT END 3/4 MILES FROM A-1-A CALLAHAN FL 32011 CALLAHAN FL 32011 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-0893287 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent PETERSON, ANTHONY C. 5005 STRATON ROAD CALLAHAN FL 32011 Address Change 011 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 f applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change Addition TITLE ☐ Delete NAME PETERSON, ANTHONY C. MARKE 5005 STRATON ROAD STREET ADDRESS STREET ADDRESS CALLAHAN FL 32011 CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE PETERSON, FLOYD NAME NAME STREET ADDRESS 5005 STRATON ROAD STREET ADDRESS CITY-ST-ZIP CALLAHAN FL 32011 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITI F NAME-FITZPATRICK-MARY---HAME-STREET ADDRESS 1210 HOPEWELL CREST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALPHARETTA GA 30201 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with

TITLE

NAME STREET ADDRESS

TITI F

NAME STREET ADDRESS

CITY-ST-ZIP

OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Change

☐ Change

☐ Addition

☐ Addition