## **2005 FOR PROFIT CORPORATION**

## FILED Mar 30, 2005 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P00000053002 J & M DAIRY, INC. Mailing Address Principal Place of Business 2753 BEGONIA CT 2753 BEGONIA CT DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 01142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1012286 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAPIO, GERALD B DO NOT WRITE 2753 BEGONIA CT DELRAY BEACH, FL 33445 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, 1 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D TITEF SAPIO, GERALD B NAME 2753 BEGONIA CT STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33445 <u> 11000000280086</u> 03/30/05-80004-020 150.00 TITLE

DO NOT WRITE IN THIS SPACE

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 with all other like empowered.

NAME STREET ADDRESS CRY-ST-ZIP TITLE NAM STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

IAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #