


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90184 007 ***150.00

DOCUMENT # P02000016528 1. Entity Name WHITE OAK DAIRY, INC.	
--	---

Principal Place of Business 6951 SW CR 534 MAYO, FL 32066	Mailing Address 1700 NE SHADY OAK RD. MAYO, FL 32066
---	--

DO NOT WRITE IN THIS SPACE

40067920



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0614276	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, JODY W
 1700 N.E. SHADY OAKS RD
 MAYO, FL 32066

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
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, JODY W 1700 NE SHADY OAKS RD MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, DEBORAH J 1700 NE SHADY OAKS RD MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: *Deborah J Sullivan Sec. / Treas.* 4-16-07 386-294-3037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #