

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90029 041 ***150.00

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1. Entity Name
WHITE OAK DAIRY, INC.

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

40010000



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

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

City & State City & State

Zip Country Zip Country

04082008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 01-0614276 Not Applicable

5. Certificate of Status Desired \$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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, JODY W	
STREET ADDRESS	1700 NE SHADY OAKS RD	
CITY-ST-ZIP	MAYO, FL 32066	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, DEBORAH J	
STREET ADDRESS	1700 NE SHADY OAKS RD	
CITY-ST-ZIP	MAYO, FL 32066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sullivan, Jody W	
STREET ADDRESS	1661 NE Shady Oaks Rd	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sullivan, Deborah J.	
STREET ADDRESS	1661 NE Shady Oaks Rd.	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sullivan, Ryan W.	
STREET ADDRESS	1658 NE Shady Oaks Rd.	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSELEY, JARED M.	
STREET ADDRESS	6575 SW CR 534	
CITY-ST-ZIP	MAYO FL 32066	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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/Trea. 4-8-08 386-294-1335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #