

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25181

FILED
Apr 21, 2010
Secretary of State

Entity Name: WELLS DAIRY, INC.

Current Principal Place of Business:

1 BLUE BUNNY DRIVE
LE MARS, IA 510311310 US

New Principal Place of Business:

Current Mailing Address:

1 BLUE BUNNY DR
P O BOX 1310
LE MARS, IA 510311310 US

New Mailing Address:

FEI Number: 42-1080796 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CFO
Name: GARTH, MARK CFO
Address: ONE BLUE BUNNY DRIVE
City-St-Zip: LE MARS, IA 51031

Title: CEO
Name: WELLS, MICHAEL C CEO
Address: ONE BLUE BUNNY DRIVE
City-St-Zip: LE MARS, IA 51031

Title: DIR
Name: WELLS, GREG A DIR
Address: ONE BLUE BUNNY DRIVE
City-St-Zip: LE MARS, IA 51031

Title: DIR
Name: WELLS, DANIEL W DIR
Address: ONE BLUE BUNNY DRIVE
City-St-Zip: LE MARS, IA 51031

Title: DIR
Name: WELLS, DOUGLAS J DIR
Address: ONE BLUE BUNNY DRIVE
City-St-Zip: LE MARS, IA 51031

Title: DIR
Name: WELLS, GARY M DIR
Address: ONE BLUE BUNNY DRIVE
City-St-Zip: LE MARS, IA 51031

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK GARTH

CFO

04/21/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date