

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90556 011 ***150.00

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04082005 Chg-P CR2E034 (10/03)

DOCUMENT # 160648 1. Entity Name MCARTHUR DAIRY, INC.					
Principal Place of Business 500 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33325			Mailing Address 2515 MCKINNEY AVE. STE. 1200 DALLAS, TX 75201		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0608937	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABELL, BRADLEY C		NAME		
STREET ADDRESS	500 SAWGRASS CORP. PKWY		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33325		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEHR, RICK		NAME		
STREET ADDRESS	2900 BRISTOL HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	JOHNSON CITY, TN 37602		CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOOVER, JAMES		NAME	C Andy Coates	
STREET ADDRESS	500 SAWGRASS CORP PKWY		STREET ADDRESS	500 Sawgrass Corp Pkwy	
CITY-ST-ZIP	SUNRISE, FL 33325		CITY-ST-ZIP	Sunrise, FL 33325	
TITLE	CFOV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, LOREN M		NAME		
STREET ADDRESS	2900 BRISTOL HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	JOHNSON CITY, TN 37602		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIRO, ANGELA B		NAME		
STREET ADDRESS	2515 MCKINNEY AVE., STE. 1200		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75201		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FROMBERG, BARRY A		NAME		
STREET ADDRESS	2515 MCKINNEY AVE.		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75201		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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Angelã B. Miro</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>APR 13 2005</u> Daytime Phone # <u>214.303.3644</u>		