

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90227 038 ***150.00

DOCUMENT # 209110

1. Entity Name

WALDREP DAIRY INC



Principal Place of Business

4040 WEST NEWBERRY RD
950 B
GAINESVILLE FL 32607
US

Mailing Address

4040 WEST NEWBERRY RD
950 B
GAINESVILLE FL 32607
US



2. Principal Place of Business

3707 NW 110th Avenue
Suite, Apt. #, etc.

3. Mailing Address

3707 NW 110th Avenue
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Ocala, Florida

City & State

Ocala, Florida

4. FEI Number

59-0825663

Applied For

Not Applicable

Zip

34482

Country

MARION

Zip

34482

Country

MARION

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, ALLAN PEDRO
4040 WEST NEWBERRY RD
950B
GAINESVILLE FL 32615

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

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME POLLETT, JEWELL D
STREET ADDRESS 4040 WEST NEWBERRY RD
CITY-ST-ZIP GAINESVILLE FL 32615

TITLE S ☐ Delete
NAME BARNETT, RITA C S
STREET ADDRESS 24708 NW 170TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE V ☐ Delete
NAME GARCIA, ALLAN P VP
STREET ADDRESS 4040 WEST NEWBERRY RD STE 950B
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3707 NW 110th Avenue
CITY-ST-ZIP Ocala, FL 34482

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
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STREET ADDRESS 3707 NW 110th Avenue
CITY-ST-ZIP Ocala, FL 34482

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TITLE ☐ Change ☐ 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 Section 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:

Jewell D. Pollett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-06

Date

352-378-0039

Daytime Phone #