

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90049 049 ***150.00

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DOCUMENT # 209110 1. Entity Name WALDREP DAIRY INC					
Principal Place of Business 3707 NW 110TH AVENUE OCALA, FL 34482 US			Mailing Address 3707 NW 110TH AVENUE OCALA, FL 34482 US		
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	02162007 Chg-P CR2E034 (12/06)	
4. FEI Number 59-0825663				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <u>GARCIA, ALLAN P</u> Street Address (P.O. Box Number is Not Acceptable) <u>3707 NW 110th Avenue</u> City <u>OCALA</u> FL Zip Code <u>34482</u>		
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, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	P POLLETT, JEWELL D <input type="checkbox"/> Delete 3707 NW 110TH AVENUE OCALA, FL 34482		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARNETT, RITA C S <input type="checkbox"/> Delete 24708 NW 170TH TERRACE GAINESVILLE, FL 32607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARNETT, RITA C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24708 NW 170th Terrace ALACHUA, FL 32615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARCIA, ALLAN P VP <input type="checkbox"/> Delete 3707 NW 110TH AVENUE OCALA, FL 34482		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Jewell D. Pollett</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2-19-07.</u> <small>Date Daytime Phone #</small>		