

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 216240

1. Entity Name
DAVIE DAIRY INC.



Principal Place of Business
**3105 N.E. 128 AVE.
BERMAN RD
OKEECHOBEE, FL 34974**

Mailing Address
**3105 N.E. 128 AVE.
BERMAN RD
OKEECHOBEE, FL 34974**

DO NOT WRITE IN THIS SPACE



07012005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0846515

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BERMAN, WILLIAM
4080 N 41 CT
HOLLYWOOD, FL 33021**

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERMAN, ANN I 2808 N 48TH AVE E-350 HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS RUTLEDGE, GLYNN 3105 N.E. 128 AVE. OKEECHOBEE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERMAN, WILLIAM 4080 N 41 CT HOLLYWOOD, FL 00000,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/05/05-80031-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/05

Date

863-763-2279

Daytime Phone