


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 216240 1. Entity Name DAVIE DAIRY INC.	
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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
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01092006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-0846515** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and (if applicable)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN0000451310
03/10/06-80049-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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: William Berman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/06 863-763-2275
Date Daytime Phone #