

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 A
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



01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

U00000662195
03/21/07-80003-015 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/07

Date

863-763-2279

Daytime Phone