

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 14, 2008 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



01072008

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, 2008 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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04/01/08-80003-023 150.00

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

3/7/08

Date

863-763-2279

Daytime Phone #