

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 228458

1. Entity Name

NEWCOMER DAIRY, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

06 SEP 11 AM 11:58

Principal Place of Business

500 SW 2ND AVE
OKEECHOBEE FL 34974
US

Mailing Address

P O BOX 758
OKEECHOBEE FL 34973
US

PO BOX 758 Okeechobee, FL 34973

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Okeechobee FL

City & State

City & State

4. FEI Number

59-0853177

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWCOMER, GERALD
509 SW 2ND AVE
OKEECHOBEE FL 34974

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME NEWCOMER, GERALD ☐ Delete
STREET ADDRESS P O BOX 758 NA
CITY - ST - ZIP OKEECHOBEE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
200080264762
09/28/06--01041--017 **550.00

TITLE ☐ Delete
NAME
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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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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

SEP 11

Daytime Phone #