2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 228585

1. Entity Name

PALM RIVER DAIRY INC



FILED Feb 27, 2008 08:00 AM Secretary of State

				OD WE	127						
I 40421:SPO	e of Business O RD STATE HWY 39 1 PRINGS FLU 33524	4042 P O E	g Address SPOTO RD: STAT BOX:51.1 12 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	在1965年後的10月1							
2. Principal Place of Business - No P.O. Box #			3. Mailing Addrass			r tasa	844 (1819 (444) 1849) BIIBI	1818 BIII BJ# BIB		 	
Suite, Apr.	#, etc.	Sint	Suite, Apt. #, etc.			1st MOORE CR2E034 (10/07)					
City & Stat	0	City	City & State			4. FEI Number 59-0874422 Applied For Not Applied be					
Zıp	Country Zip Co			Country		5. Certificate of Status Desired S8.75 Additional Fee Required			dditional		
6. Name and Address of Current Registered Agent			···	7. Name and Address of New Registered Agent							
				Namio	<u> </u>						
SPOTO, JOSEPH T. 40315 SPOTO ROAD- BAY AVENUE CRYSTAL SPRINGS FL 33524					Street Address (P.O. Box Number is Not Acceptable)						
				City	FL Zip Code					de	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coin, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed harve of registered indicate Lappification. (NOTE Registered Agond argundum required whom remaining). DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State							9. Election Cal Trust Fund (mpaign Finan Contribution.		.00 May Be ded to Fees	
10.	OFF	ICERS AND DIRECTO	RS	11.		ADDITIONS	/CHANGES TO (OFFICERS AN	ID DIRECTOR	RS IN 11	
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CITY ST-ZIP				STREET ADDRESS CITY+ST-ZIP							
	certify that the information s	supplied with this files	I does not auglify for		ontaine	t in Section 11	0. Florida Statut	e I furtner er	artitu that the	intermetics	
indicated	on this congress or purplemen	nto report in true and	, Goda not quality for	O O EVENITURIS CO	on lander	J II JOULDIO II	o, munua Statule	a FIGURE CE	army man me	mooning(to))	

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 will, an address, with all other like empowered.

SIGNATURE SIGNATURE AND TYPES OFFINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-08

813-785-6265