


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90009 040 ***150.00

DOCUMENT # 240246					
1. Entity Name PINE VALLEY DAIRY INC					
Principal Place of Business 4520 OLD TAMPA HWY LAKELAND FL 33811-1123 US			Mailing Address 4520 OLD TAMPA HWY LAKELAND FL 33811-1123 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-0825297	
6. Name and Address of Current Registered Agent BUCKLER, SHIRLEY P 4520 OLD TAMPA HWY LAKELAND FL 33811				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent				Applied For Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUCKLER, BRUCE A		NAME		
STREET ADDRESS	6905 SATINWOOD WAY		STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL 33637		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BASS, BERNICE J		NAME		
STREET ADDRESS	4520 OLD TAMPA HWY		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33811-1123		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUCKLER, SHIRLEY		NAME		
STREET ADDRESS	4520 OLD TAMPA HWY		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33811-1123		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUCKLER, STEPHEN P		NAME		
STREET ADDRESS	4003 SILVERSPRING DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33567		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUCKLER, CHARLES T		NAME	Buckler, Charles T	
STREET ADDRESS	9410 CAROLINA WAY		STREET ADDRESS	33205 Puckett St.	
CITY-ST-ZIP	FANNINGS SPRINGS FL 32693		CITY-ST-ZIP	Dade City, FL 33523	
TITLE	DD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change
NAME	BUCKLER, BEVERLY JO		NAME	Roberts, Beverly B	
STREET ADDRESS	479 COUCH'S FISH LAKE RD.		STREET ADDRESS	701 Ollie's Lane	
CITY-ST-ZIP	STATE ROAD NC 28676		CITY-ST-ZIP	Hillsborough NC 27278	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Shirley P. Buckler, Pres.</u> <i>Shirley P. Buckler, Pres.</i> 2-29-04 863-486-3458					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					