


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90045 039 ***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
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40050087



2. Principal Place of Business 3610 W BELLA VISTA DR	3. Mailing Address 5039 NORRISWOOD DR
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State LAKELAND FL	City & State MULBERRY FL
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Zip 33810	Country PCLK	Zip 33860-6640	Country POLK
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04012005 Chg-P CR2E034 (10/03)

4. FEI Number 59-0825297	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent BUCKLER, SHIRLEY P 4520 OLD TAMPA HWY LAKELAND, FL 33811	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5039 NORRISWOOD DR City MULBERRY FL Zip Code 33860-6640
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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. **SHIRLEY P. BUCKLER**

SIGNATURE *Shirley P. Buckler* **3-31-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	D BUCKLER, BRUCE A 6905 SATINWOOD WAY TEMPLE TERRACE, FL 33637 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKLER, BRUCE A 503 AVOCADO DR SEFFNER, FL 33547 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BASS, BERNICE J 4520 OLD TAMPA HWY LAKELAND, FL 338111123 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BASS, BERNICE J 4205 OLD TAMPA HWY LAKELAND FL 33811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCKLER, SHIRLEY 4520 OLD TAMPA HWY LAKELAND, FL 338111123 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCKLER, SHIRLEY 5039 NORRISWOOD DR MULBERRY FL 33860-6640 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUCKLER, STEPHEN P 4003 SILVERSPRING DRIVE PLANT CITY, FL 33567 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKLER, CHARLES T 33205 PUCKETT ST. DADE CITY, FL 33523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, BEVERLY B 701 OLLIE'S LANE HILLSBOROUGH, NC 27278 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Shirley P. Buckler* **SHIRLEY P. BUCKLER** **3-31-05 (863)709-1564**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #