

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90287 022 ***150.00

DOCUMENT # 240246

1. Entity Name
PINE VALLEY DAIRY INC



Principal Place of Business
**3610 W BELLA VISTA DR
LAKELAND, FL 33810 US**

Mailing Address
**5039 NORRISWOOD DR
MULBERRY, FL 33860-6640 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02222006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-0825297

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

**BUCKLER, SHIRLEY P
5039 NORRISWOOD DR
MULBERRY, FL 33860-6640**

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BUCKLER, BRUCE A	
STREET ADDRESS	503 AVOCADO DR	
CITY-ST-ZIP	SEFFNER, FL 33547	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BASS, BERNICE J	
STREET ADDRESS	4205 OLD TAMPA HWY	
CITY-ST-ZIP	LAKELAND, FL 338111123	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BUCKLER, SHIRLEY	
STREET ADDRESS	5039 NORRISWOOD DR	
CITY-ST-ZIP	MULBERRY, FL 338606640	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUCKLER, STEPHEN P	
STREET ADDRESS	4003 SILVERSPRING DRIVE	
CITY-ST-ZIP	PLANT CITY, FL 33567	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCKLER, CHARLES T	
STREET ADDRESS	33205 PUCKETT ST.	
CITY-ST-ZIP	DADE CITY, FL 33523	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, BEVERLY B	
STREET ADDRESS	701 OLLIE'S LANE	
CITY-ST-ZIP	HILLSBOROUGH, NC 27278	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLER, BRUCE A	
STREET ADDRESS	8301 ROYAL SAND CIR, APT. 211	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, BERNICE J	
STREET ADDRESS	2720 HOWARD ST	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLER, CHARLES T	
STREET ADDRESS	8929 S.W. 82 TERRACE	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SHIRLEY P. BUCKLER, PRESIDENT

SIGNATURE:

Shirley P. Buckler, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-6 (863) 709-1564

Date

Daytime Phone #