

2006 FOR PROFIT CORPORATION REINSTATEMENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12262006 REIN-P CR2E098 (11/05) 06

REINSTATEMENT

DOCUMENT # 240722	
1. Entity Name SHADY GROVE DAIRY FARM INC	
Principal Place of Business STRATON RD. AT END 3/4 MILES FROM A-1-A CALLAHAN, FL 32011 US	Mailing Address 5005 STRATON ROAD CALLAHAN, FL 32011
2. Principal Place of Business	3. Mailing Address 45256 Seminole Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Callahan, FL.
Zip	Country U.S.A.
Country	Zip 32011

6. Name and Address of Current Registered Agent PETERSON, ANTHONY C 45256 SEMINOLE TRL. CALLAHAN, FL 32011		7. Name and Address of New Registered Agent 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: <i>Anthony C. Peterson</i> A.C.P. DATE: 12/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERSON, ANTHONY C. 5005 STRATON ROAD CALLAHAN, FL 32011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100083010291 01/03/07--01062--004 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETERSON, FLOYD 5005 STRATON ROAD CALLAHAN, FL 32011 <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	ST FITZPATRICK, MARY 1210 HOPEWELL CREST ALPHARETTA, GA 30201 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: *Anthony C. Peterson* **12/27/06** **904-759-2356**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Dear Sirs:

We did not receive our form for
our 2006 for Profit Corporation Accountant.
Due to our new 911 county address
update, we did not get our form. Please waive
the \$600 penalty.

Respectfully,
Theresa Anthony C. Peters