
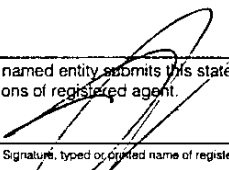
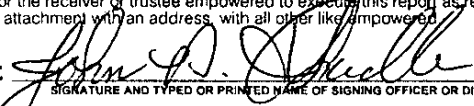


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90202 033 ***150.00

DOCUMENT # 276480 1. Entity Name PINE RIDGE DAIRY, INC.					
Principal Place of Business 2 1/2 MILES W. FRUITLAND PARK ON 466A P.O. BOX 448 FRUITLAND PARK, FL 34731 US				Mailing Address P O BOX 448 FRUITLAND PARK, FL 34731 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 1330 W. Citizens Blvd. Suite 701 Leesburg, FL 34748 Lake		4. FEI Number 59-1031349	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent JEFFCOAT, BERNICE W. 2 1/2 MILES W. FRUITLAND PK ON 466A FRUITLAND PARK, FL 34731				7. Name and Address of New Registered Agent Name J. Stephen Pullum Street Address (P.O. Box Number is Not Acceptable) 1330 W. Citizens Blvd., Suite 701 City Leesburg FL Zip Code 34748	
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  J. Stephen Pullum DATE 4/24/2006 <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 May 1, 2006 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD JEFFCOAT, BERNICE STATE HWY. 466-A FRUITLAND PARK, FL 34731	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Charles Roesel 1418 Beverly Point Road Leesburg, FL 34748
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EASLEY, CADE 626 PINE RIDGE DAIRY RD FRUITLAND PARK, FL 34731	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Frank Golden 105 West Price Drive Locust Grove, GA 30248
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Cynthia S. Graves 140 W. Walts Avenue, #18-A Deland, FL 32720	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D John Chandler 2202 Kilmer Lane Apopka, FL 32703
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D John Chandler 2202 Kilmer Lane Apopka, FL 32703	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Cynthia S. Graves 140 W. Walts Avenue, #18-A Deland, FL 32720
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE 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.					
SIGNATURE: 				Date 4-25-2006 Daytime Phone # (407) 461-6421	