


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT.**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 276480</b> 1. Entity Name PINE RIDGE DAIRY, INC.	
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Principal Place of Business 2 1/2 MILES W. FRUITLAND PARK ON 466A P.O. BOX 448 FRUITLAND PARK, FL 34731 US	Mailing Address 1330 W CITIZENS BLVD STE 701 LEESBURG, FL 34748 US
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01192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1031349	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  PULLUM, J. STEPHEN 1330 W CITIZENS BLVD STE 701 LEESBURG, FL 34748
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**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROESEL, CHARLES 1418 BEVERLY PT RD LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLDEN, FRANK 105 W PRICE DR LOCUST GROVE, GA 30248
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAVES, CYNTHIA S 140 W WALTERS AVE 18-A DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHANDLER, JOHN 2202 KILMER LN APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000621143  
02/12/07-80005-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: John D. Chandler  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/07  
Date

352/728-3060  
Daytime Phone #