

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

**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**

1330 W CITIZENS BLVD STE 701  
LEESBURG, FL 34748 US



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1031349	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

PULLUM, J. STEPHEN  
1330 W CITIZENS BLVD STE 701  
LEESBURG, FL 34748

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000866201  
04/08/08-80020-007 150.00

**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 WALTZ 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	

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/2008