

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90227 039 ***150.00



DOCUMENT # 277242
 1. Entity Name
W & D DAIRY INC

Principal Place of Business Mailing Address
 4040 WEST NEWBERRY RD 4040 WEST NEWBERRY RD
 950B 950B
 GAINESVILLE FL 32607 GAINESVILLE, FL 32607



2. Principal Place of Business 3. Mailing Address
3707 NW 110th Avenue *3707 NW 110th Avenue*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State
Ocala, Florida *Ocala, Florida*
 Zip Country Zip Country
34482 *MARION* *34482* *MARION*

4. FEI Number Applied For
59-1031100 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GARCIA, ALLAN P
8050 NW 30TH ST
HOLLYWOOD FL 33024

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	POLLETT, JEWELL D	
STREET ADDRESS	4040 WEST NEWBERRY RD STE950B	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARNETT, RITA	
STREET ADDRESS	24708 NW 170TH TERRACE	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARCIA, ALLAN P	
STREET ADDRESS	4040 WEST NEWBERRY RD STE 950B	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>3707 NW 110th Avenue</i>	
CITY-ST-ZIP	<i>OCALA, FL 34482</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>3707 NW 110th Avenue</i>	
CITY-ST-ZIP	<i>OCALA, Florida 34482</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 Section 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: *Jewell D. Pollett* Date: *3-8-06* Daytime Phone #: *352-378-0039*