


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90361 043 \*\*\*150.00

<b>DOCUMENT # 279093</b> 1. Entity Name <b>POWERS DAIRY, INC.</b>					
Principal Place of Business <b>POST OFFICE BOX 157 NORTH HWY #19 DONA VISTA FLA, 32784</b>			Mailing Address <b>P O BOX 2550 UMATILLA, FL 32784 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1038673</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/>	
				Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>POWERS, L H 15721 POWERS RD UMATILLA, FL 32784</b>			Name 		
			Street Address (P.O. Box Number is Not Acceptable) 		
			City 		
			State <b>FL</b>		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT POWERS, L H P.O. BOX 3097 N/A DONA VISTA, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPS POWERS, F H 15702 POWERS RD. UMATICCA, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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"/> Delete			
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.					
<b>SIGNATURE:</b> <i>L.H. Powers</i>		<b>4-13-06 352-357-6855</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			