

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 279093

Entity Name: POWERS DAIRY,INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

POST OFFICE BOX 157
NORTH HWY #19
DONA VISTA FLA, 32784

New Principal Place of Business:

15721 POWERS RD
15721 POWERS RD
UMATILLA, FL 32784

Current Mailing Address:

P O BOX 2550
UMATILLA, FL 32784 US

New Mailing Address:

FEI Number: 59-1038673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, L H
15721 POWERS RD
UMATILLA, FL 32784 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: POWERS, L H
Address: P.O. BOX 3097 N/A
City-St-Zip: DONA VISTA, FL

Title: DVPS () Delete
Name: POWERS, F H
Address: 15702 POWERS RD.
City-St-Zip: UMATICCA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: POWERS, L H
Address: 15721 POWERS RD
City-St-Zip: UMATILLA, FL 32784

Title: DVPS (X) Change () Addition
Name: POWERS, F H
Address: 15702 POWERS RD.
City-St-Zip: UMATILLA, FL 32784

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L H POWERS

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date