


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 299243 1. Entity Name J.S. CLOYD DAIRIES, INC.	
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Principal Place of Business 6691 SW CR 158 JASPER, FL 32052 US	Mailing Address 6691 SW CR 158 JASPER, FL 32052 US
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01172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1110756	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CLOYD, JOHN L. 6691 SW CR 158 JASPER, FL 32052
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	VPS CLOYD, LINDA M. 6691 SW CR 158 JASPER, FL 32052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CLOYD, JOHN L. 6691 SW CR 158 JASPER, FL 32052
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/22/04-80030-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *J. S. Cloyd* 1/17/04 386792-1914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #