


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 12, 2006 08:00 AM  
Secretary of State

DOCUMENT # 332010 1. Entity Name LARSON DAIRY, INC.	
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Principal Place of Business 400 N.W. 5TH STREET P.O. BOX 1242 OKEECHOBEE, FL 34972 US	Mailing Address P.O. BOX 1249 OKEECHOBEE, FL 34973 US
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01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1213436	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CONELY, TOM W. 401 NW 6TH ST. OKEECHOBEE, FL 34972
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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 \_\_\_\_\_  
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, 2006 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	VD LARSON, JOHN M P.O. BOX 1249 OKEECHOBEE, FL 34973
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LARSON, REDA B 1301 SW 5TH AVE OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARSON, LOUIS E, SR 1301 SW 5TH AVE OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LARSON, LOUIS E. JR 10000 HWY. 98 NORTH OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOLEY, FRANCES K.L. 4036 S.E. 17TH PLACE OCALA, FL 32671
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUART, BARBARA LARSON 4260 CONWAY PLACE CIRCLE ORLANDO, FL 32812

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01/12/06-80050-023 158.75

**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: Louis E. Larson SR.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-06-06 863-763-7380  
Date Daytime Phone #

Louis E. LARSON, SR.