

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 332010

1. Entity Name
LARSON DAIRY, INC.



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**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1213436

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CONELY, TOM W.
401 NW 6TH ST.
OKEECHOBEE, FL 34972**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000582650
01/11/07-80040-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	LARSON, JOHN M
STREET ADDRESS	P.O. BOX 1249
CITY-ST-ZIP	OKEECHOBEE, FL 34973
TITLE	SD
NAME	LARSON, REDA B
STREET ADDRESS	1301 SW 5TH AVE
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	P
NAME	LARSON, LOUIS E, SR
STREET ADDRESS	1301 SW 5TH AVE
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	VP
NAME	LARSON, LOUIS E. JR
STREET ADDRESS	10000 HWY. 98 NORTH
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	D
NAME	COOLEY, FRANCES K.L.
STREET ADDRESS	4036 S.E. 17TH PLACE
CITY-ST-ZIP	OCALA, FL 32671
TITLE	D
NAME	STUART, BARBARA LARSON
STREET ADDRESS	4260 CONWAY PLACE CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32812

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 8 - 2007

Date

Daytime Phone #

(863)

763-7330