2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008
Secretary of State

DOCUMENT# 332010

Entity Name: LARSON DAIRY, INC.

Current Principal Place of Business:

400 N.W. 5TH STREET
P.O.BOX 1242
OKEECHOBEE, FL 34972 US

New Principal Place of Business:

400 N.W. 5TH STREET
OKEECHOBEE, FL 34972 US

Current Mailing Address:

P.O. BOX 1249
OKEECHOBEE, FL 34973 US

New Mailing Address:

FEI Number: 59-1213436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONELY, TOM W.
401 NW 6TH ST.
OKEECHOBEE, FL 34972 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: VD ( ) Delete
Name: LARSON, JOHN M,
Address: P.O. BOX 1249
City-St-Zip: OKEECHOBEE, FL 34973

Title: SD ( ) Delete
Name: LARSON, REDA B,
Address: 1301 SW 5TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: P ( ) Delete
Name: LARSON, LOUIS E, SR,
Address: 1301 SW 5TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: VP (X) Delete
Name: LARSON, LOUIS E. JR,
Address: 10000 HWY. 98 NORTH
City-St-Zip: OKEECHOBEE, FL 34972

Title: D (X) Delete
Name: COOLEY, FRANCES K.L.,
Address: 4036 S.E. 17TH PLACE
City-St-Zip: OCALA, FL 32671

Title: D (X) Delete
Name: STUART, BARBARA LARS, ON
Address: 4260 CONWAY PLACE CIRCLE
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: LARSON, LOUIS E. JR,
Address: 10000 HWY. 98 NORTH
City-St-Zip: OKEECHOBEE, FL 34972

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: LARSON, LOUIS E, SR,
Address: 1301 SW 5TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LOUIS E LARSON SR PRES 01/28/2008

Electronic Signature of Signing Officer or Director Date