

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 332010

FILED  
Jan 05, 2011  
Secretary of State

Entity Name: LARSON DAIRY, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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 (X)

**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

**OFFICERS AND DIRECTORS:**

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

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

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

Title: D  
Name: LARSON, TRAVIS J.  
Address: 395 SW 30TH TERR.  
City-St-Zip: OKEECHOBEE, FL 34974

Title: D  
Name: LARSON, JACOB N.  
Address: 9996 HWY 98 N.  
City-St-Zip: OKEECHOBEE, FL 34972

I hereby 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 all other like empowered.

SIGNATURE: LOUIS E. LARSON, SR.

PD

01/05/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date