


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # 379141</b><br>1. Entity Name<br>TURNPIKE DAIRY, INC. |  |
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|--|---|
| Principal Place of Business<br>FOX BROWN RD & MARTIN HWY.<br>P O BOX 385<br>INDIANTOWN, FL 34956 | Mailing Address<br>FOX BROWN RD & MARTIN HWY.<br>P O BOX 385<br>PALM CITY, FL 34991 |
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01152008 No Chg-P CR2E034 (11/05)

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|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-1377274                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent<br><br>LEGG, JAMES<br>3780 SW 30TH AVENUE<br>PALM CITY, FL 34990 |
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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 reconstituting) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LEGG, SCOTT L<br>STATE RD 714<br>PALM CITY, FL                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>LEGG, JAMES L<br>STATE RD. 714<br>PALM CITY, FL                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>LEGG, LUCINDA L<br>3250 SW BOATRAMP AVE<br>PALM CITY, FL 34990 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>LEGG, JOHN L<br>3250 SW BOATRAMP AVE<br>PALM CITY, FL         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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01/22/08-60002-020 150.00

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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:** Lucinda L. Legg 1-15-08 772-287-0820  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #