

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90072 004 ***150.00

DOCUMENT # 470595 1. Entry Name DOUBLE 40 DAIRY, INC.					
Principal Place of Business 620 BELLA VISTA EDGEWATER, FL 32141-7291 US			Mailing Address 620 BELLA VISTA EDGEWATER, FL 32141-7291 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03302005 Chg-P CR2E034 (10/03) 4. FEI Number 59-1574501 Applied For Not Applicable	
5. Change of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIRST, PETER C 620 BELLA VISTA EDGEWATER, FL 32141-7291			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HIRST, JANET M 620 BELLA VISTA EDGEWATER, FL 321417291		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIRST, JANET M 620 BELLA VISTA EDGEWATER, FL 321417291		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIRST, PETER C 620 BELLA VISTA EDGEWATER, FL 321417291		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HIRST, JEFFREY C 221 SE 59TH ST OCALA, FL 34480		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HIRST, JEFFREY C ☒ Change ☐ Addition 221 SE 59TH ST OCALA, FL 34480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____			3/30/05 386-426-8216		
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					