2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State
01-20-2004 90070 021 ***150.00

DOCUMENT # 542942

1. Entity Name
DAIRY FEEDS, INC.

Principal Place of Business	Mailing Address
1550 N E 208TH ST OKEECHOBEE, FL 34972	1550 N E 208TH ST OKEECHOBEE, FL 34972

01062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1761439 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LARSON, LOUIS E. 400 NW 5 STREET OKEECHOBEE, FL 34974	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	LARSON, LOUSE E. S		NAME	LARSON, REDA	
STREET ADDRESS	400 NW 5 STR		STREET ADDRESS	400 NW 5TH ST	
CITY-ST-ZIP	OKEECHOBEE, FL		CITY-ST-ZIP	OKEECHOBEE, FL 34972	
TITLE	PD	☐ Delete	TITLE	DT	☐ Change ☒ Addition
NAME	LARSON, LOUIS E		NAME	LARSON, JOHN	
STREET ADDRESS	400 NW 5 STR		STREET ADDRESS	400 NW 5TH ST	
CITY-ST-ZIP	OKEECHOBEE, FL		CITY-ST-ZIP	OKEECHOBEE, FL 34972	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	NANCY JEAN DAVIS		NAME	BOWMAN, WILLIAM	
STREET ADDRESS	80 S.W. 8TH STREET SUITE 2110		STREET ADDRESS	RT 1 BX 295	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BROOKS, JOHN R.		NAME		
STREET ADDRESS	1401 S.E. 8TH DR.		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE, FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MAHAN, DARRYL		NAME		
STREET ADDRESS	16290 BOWLINE ST		STREET ADDRESS		
CITY-ST-ZIP	BOKEELIA, FL 33922		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RYDZEWSKI, BOB		NAME		
STREET ADDRESS	1550 NE 208TH STREET		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE, FL 34972		CITY-ST-ZIP		

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: Bob Rydzewski Bob Rydzewski 1/5/03 863-763-4673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #