2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 542942

Entity Name: DAIRY FEEDS, INC.

Current Principal Place of Business:

1550 N E 208TH ST
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

1550 N E 208TH ST
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number: 59-1761439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARSON, LOUIS E.
400 NW 5 STREET
OKEECHOBEE, FL 34974 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: D ( ) Delete
Name: LARSON, LOUIS E SR
Address: 400 NW 5 STR
City-St-Zip: OKEECHOBEE, FL

Title: PD ( ) Delete
Name: LARSON, LOUIS E
Address: 400 NW 5 STR
City-St-Zip: OKEECHOBEE, FL

Title: D ( ) Delete
Name: NANCY JEAN DAVIS,
Address: 80 S.W. 8TH STREET SUITE 2110
City-St-Zip: MIAMI, FL

Title: D ( ) Delete
Name: MAHAN, DARRYL
Address: 16290 BOWLINE ST
City-St-Zip: BOKEELIA, FL 33922

Title: VPSD ( ) Delete
Name: RYDZEWSKI, BOB
Address: 1550 NE 208TH STREET
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: LARSON, LOUIS E JR
Address: 400 NW 5 STR
City-St-Zip: OKEECHOBEE, FL

Title: D (X) Change ( ) Addition
Name: NANCY JEAN DAVIS,
Address: 80 S.W. 8TH STREET SUITE 2000
City-St-Zip: MIAMI, FL

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: BOB RYDZEWSKI VPSD 01/06/2009

Electronic Signature of Signing Officer or Director Date