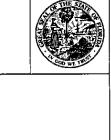
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

542942 **DOCUMENT #**

1. Entity Name

DAIRY FEEDS, INC.



FILED Feb 07, 2003 8:00 am Secretary of State 02-07-2003 90067 043 ***150.00

Principal Place 1550 N E 2081 OKEECHOBEE	TH ST	3	1550	Mailing Address 1550 N E 208TH ST OKEECHOBEE FL 34972			i i				
2. Principal Pi	ace of Busin	ess	3. Mailing Address							818 [] 818 [] 818 [] 1	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number 59-1761439			├	oplied For ot Applicable
Zip	Zip Country			Zip Country			5. Certif	licate of Status Desire	d 🗌	\$8.75 Add Fee Require	
6. Name and Address of Current Register				d Agent			7. Name	and Address of Ne	w Registered	Agent	
		الماد المعيد المعرفيات الماد المعيني الراسية ()		والمنافق الما	. Name	الوالصفيد بوا الدامونيين	- ನಿರ್ಮಾತಿ - ಶ	والمحليب المحال المحال	نه پرست سیرت	—————————————————————————————————————	
LARSON, LOUIS E.					Street	Address (P	O. Box N	umber is Not Accepta	able)		
400 NW 5 STREET											
OKEECHO											
					City				F		
	named entit ions of regist	y submits this statement f ered agent.	or the purp	ose of changing its	registered office	or registere	ed agent, o	or both, in the State o	f Florida. I an	n familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agen	t and title if app	elicable. (NOTE	E: Registered Agent sign	nature required v	when reinstati	ng)	DATE		
- After	May 1, 20	! FEE IS \$150,00 03 Fee will be \$550.00 o Florida Department o						9. Election Campaigr Trust Fund Contrib	_		May Be d to Fees
10.	ر بوخر بوارسه مارون	OFFICERS AND	DIRECTO	irs	11.		ADDITI	ONS/CHANGES TO	OFFICERS AN	ND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D : *	LOUSE E. S STR		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LARSON, 400 NW 5 OKEECHO	LOUIS E		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D NANCY J	EAN DAVIS	110	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP				the man i	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROOKS, 1401 S.E. OKEECHO	8TH DR.		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	S		- 111		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DARRYL WLINE ST A FL 33922		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s	,			☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RYDZEWS 1550 NE			Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s				☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filling 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.

863-763-4673