


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90117 050 \*\*\*150.00

**DOCUMENT # 588851**

1. Entity Name  
**MOSES DAIRY, INC.**



Principal Place of Business Mailing Address

RT 1 BOX 18 O RT 1 BOX 18 O  
P. O. BOX 25 P. O. BOX 25  
BRANFORD FL 32008 BRANFORD FL 32008

4404J001



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

*834 SE Moses Dairy Rd* *834 SE Moses Dairy Rd*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

*Brantford FL.* *Brantford FL.*

4. FEI Number **59-2048532** Applied For  
Not Applicable

Zip Country Zip Country

*32008* *Latayette* *32008* *Latayette*

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

6. Name and Address of Current Registered Agent

**HARRIS, CANDACE M.**  
RT 1 BOX 180  
BRANFORD FL 32008

7. Name and Address of New Registered Agent

Name *Candace M. Harris*  
Street Address (P.O. Box Number is Not Acceptable) *834 SE Moses Dairy Rd.*  
City *Brantford* FL *32008*

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 *Candace M. Harris* DATE *4-13-04*

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**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MOSES, ODESSA	
STREET ADDRESS	ROUTE 1	
CITY-ST-ZIP	BRANFORD FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARRIS, CANDACE M	
STREET ADDRESS	RT 1 BOX 25	
CITY-ST-ZIP	BRANFORD FL 32008	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARRIS, MICHAEL <i>of C.</i>	
STREET ADDRESS	ROUTE 1, BOX 25	
CITY-ST-ZIP	BRANFORD FL 32008	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARRIS, MICHAEL L	
STREET ADDRESS	ROUTE 1, BOX 25	
CITY-ST-ZIP	BRANFORD FL 32008	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>834 Steven L. Harris</i>	
STREET ADDRESS	<i>834 SE Moses Dairy Rd</i>	
CITY-ST-ZIP	<i>Brantford FL 32008</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 *Candace M. Harris* DATE *4-13-04* DAYTIME PHONE # *386-935-3150*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #