

# 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

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

Mailing Address

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

4404J001



MOORE

CR2E034 (11/03)

2. Principal Place of Business

834 SE Moses Dairy Rd

Suite, Apt. #, etc.

3. Mailing Address

834 SE Moses Dairy Rd

Suite, Apt. #, etc.

City & State

Brantford FL

City & State

Brantford FL

4. FEI Number

59-2048532

Applied For

Not Applicable

Zip

32008

Country

Lafayette

Zip

32008

Country

Lafayette

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

Zip Code: 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-04

**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  
NAME: MOSES, ODESSA  
STREET ADDRESS: ROUTE 1  
CITY-ST-ZIP: BRANFORD FL

TITLE: VP  
NAME: HARRIS, CANDACE M  
STREET ADDRESS: RT 1 BOX 25  
CITY-ST-ZIP: BRANFORD FL 32008

TITLE: S  
NAME: HARRIS, MICHAEL C.  
STREET ADDRESS: ROUTE 1, BOX 25  
CITY-ST-ZIP: BRANFORD FL 32008

TITLE: T  
NAME: HARRIS, MICHAEL L  
STREET ADDRESS: ROUTE 1, BOX 25  
CITY-ST-ZIP: BRANFORD FL 32008

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Director  
NAME: Steven L. Harris  
STREET ADDRESS: 834 SE Moses Dairy Rd  
CITY-ST-ZIP: Brantford FL 32008

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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CITY-ST-ZIP:

TITLE:   
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-04 386-935-3150

Date

Daytime Phone #