

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 588851

1. Entity Name
MOSES DAIRY, INC.



Principal Place of Business
**8343 E MOSES DAIRY RD.
BRANFORD, FL 32008**

Mailing Address
**8343 E MOSES DAIRY RD.
BRANFORD, FL 32008**



02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2048532

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRIS, CANDACE M
834 SE MOSES DAIRY RD.
BRANFORD, FL 32008**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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 <i>C</i>
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	D
NAME	HARRIS, STEVEN L
STREET ADDRESS	834 SE MOSES DAIRY RD.
CITY-ST-ZIP	BRANFORD, FL 32008
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/24/05-80011-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone if

Candace M. Harris **Candace M. Harris** **3-22-05** **864-935-3150**