

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 643755

Entity Name: VALLEY VIEW DAIRY, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

14545 S. W. 155TH AVENUE
BROOKER, FL 32622 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 116
BROOKER, FL 32622 US

New Mailing Address:

FEI Number: 59-2104063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, A.S.
17358 PINHOLSTER ST
BROOKER, FL 32622 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: PSD () Delete
Name: GREEN, A.S.
Address: 17358 PINHOLSTER ST.
City-St-Zip: MELROSE, FL 32666

Title: VS () Delete
Name: GREEN, DOUGLAS A.
Address: COUNTY ROAD 18 EAST
City-St-Zip: BROOKER, FL

Title: V () Delete
Name: GREEN, DONALD S.
Address: COUNTY RD 18 EAST
City-St-Zip: BROOKER, FL

Title: T () Delete
Name: MESSMORE, ANNETTE
Address: COUNTY RD 18 EAST
City-St-Zip: BROOKER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: GREEN, A.S.
Address: 17358 PINHOLSTER ST.
City-St-Zip: BROOKER, FL 32622

Title: VS (X) Change () Addition
Name: GREEN, DOUGLAS A.
Address: COUNTY ROAD 18 EAST
City-St-Zip: BROOKER, FL 32622

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: ANNETTE MESSMORE

T

04/16/2009

Electronic Signature of Signing Officer or Director

Date