

**2006 FOR PRÓFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 685500

1. Entity Name
FIESER DAIRY, INC.



Principal Place of Business

5886 LAKE WINONA ROAD
PO BOX 278
DELEON SPRINGS, FL 32130

Mailing Address

5886 LAKE WINONA ROAD
PO BOX 278
DELEON SPRINGS, FL 32130

DO NOT WRITE IN THIS SPACE

2. C. Name and Address of Current Registered Agent

FIESER, RALPH
LAKE WINONA ROAD, BOX 278
DELEON SPRINGS, FL 32028

3. 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: *Ralph Fieser*

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

(NOTE: Registered Agent signature required when remailing)

4/16/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE: PD
NAME: FIESER, RALPH
STREET ADDRESS: BOX 278, LK. WINONA ROAD
CITY-ST-ZIP: DELEON SPRINGS, FL

TITLE: VD
NAME: FIESER, GERALD W
STREET ADDRESS: BOX 278, LK. WINONA ROAD
CITY-ST-ZIP: DELEON SPRINGS, FL

TITLE: VD
NAME: FIESER, KARL D
STREET ADDRESS: BOX 278, LK. WINONA ROAD
CITY-ST-ZIP: DELEON SPRINGS, FL

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

TITLE:
NAME:
STREET ADDRESS:
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 exemptions contained 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 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: *Ralph Fieser*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 386.985.4504

Date Daytime Phone #

**FILED
4 May 01, 2006 8:00 am
Secretary of State**

04-05-2006 90149 028 ***150.00

66013006



03282006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2020228	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional
Fee Required

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IN THIS SPACE**

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