

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-05-2006 90149 028 ***150.00

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**

66013004



03282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2020228

Applied For
Not Applicable

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

C. Name and Address of Current Registered Agent

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

**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

Ralph Fieser

(NOTE: Registered Agent signature required when reissuing)

DATE

4/16/06

**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 NAME STREET ADDRESS CITY - ST - ZIP	PD FIESER, RALPH BOX 278, LK. WINONA ROAD DELEON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FIESER, GERALD W BOX 278, LK. WINONA ROAD DELEON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FIESER, KARL D BOX 278, LK. WINONA ROAD DELEON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

DATE

4/28/06

DAYTIME PHONE

386 8854504