


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 685500 1. Entity Name FIESER DAIRY, INC.	
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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
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03012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2020228	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FIESER, RALPH LAKE WINONA ROAD, BOX 278 DELEON SPRINGS, FL 32028	DO NOT WRITE IN THIS SPACE
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000661606 03/20/07-80048-011 150.00
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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
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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: *Karl Fieser* *Karl Fieser* 3/2/07 386 985 4504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #