


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 685500</b> 1. Entity Name <b>FIESER DAIRY, INC.</b>			
Principal Place of Business <b>5886 LAKE WINONA ROAD PO BOX 278 DELEON SPRINGS, FL 32130</b>		Mailing Address <b>5886 LAKE WINONA ROAD PO BOX 278 DELEON SPRINGS, FL 32130</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>FIESER, RALPH LAKE WINONA ROAD, BOX 278 DELEON SPRINGS, FL 32028</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>FIESER, RALPH BOX 278, LK. WINONA ROAD DELEON SPRINGS, FL</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>FIESER, GERALD W BOX 278, LK. WINONA ROAD DELEON SPRINGS, FL</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>FIESER, KARL D BOX 278, LK. WINONA ROAD DELEON SPRINGS, FL</b>		
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.			
<b>SIGNATURE:</b> <u>Karl Fieser</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2/14/08</u> Daytime Phone #: <u>386 985 4504</u>	



01102008 No Chg-P CR2E034 (11/05)

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

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02/27/08-80052-015 150.00

**DO NOT WRITE  
IN THIS SPACE**