

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90009 025 ****61.25

DOCUMENT # 702172 1. Entity Name FLORIDA DAIRY PRODUCTS ASSOCIATION, INC.					
Principal Place of Business 2558 CAPITAL MEDICAL BLVD SUITE B TALLAHASSEE, FL 32308 US			Mailing Address 2558 CAPITAL MEDICAL BLVD SUITE B TALLAHASSEE, FL 32308 US		
2. Principal Place of Business 1839 Buford Court Suite, Apt. #, etc. Suite 1 City & State Tallahassee, Florida Zip 32308			3. Mailing Address 1839 Buford Court Suite, Apt. #, etc. Suite 1 City & State Tallahassee, Florida Zip 32308		
4. FEI Number 59-0841805			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 BOOSINGER, JAY 2053 TAYLOR ROAD TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 <u>Jay Boosinger, President</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>01/11/05</u> <small>DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME BOOSINGER, JAY STREET ADDRESS 2558-B CAPITAL MEDICAL BLVD CITY-ST-ZIP TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete		TITLE P NAME Boosinger, Jay STREET ADDRESS 1839 Buford Court, Suite 1 CITY-ST-ZIP Tallahassee, Florida 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE C NAME JORGENSEN, KEN STREET ADDRESS VELDA FARMS, 402 S KENTUCKY AVE # 500 CITY-ST-ZIP LAKELAND, FL 33801	<input checked="" type="checkbox"/> Delete		TITLE C NAME Bassett, Jim STREET ADDRESS P. O. Box 540 CITY-ST-ZIP Perry, Florida 32348	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME BASSETT, JIM STREET ADDRESS BASSETT DAIRY PRODUCTS INC PO BOX 540 CITY-ST-ZIP PERRY, FL 32348	<input checked="" type="checkbox"/> Delete		TITLE T NAME Cooper, James STREET ADDRESS P. O. Box 335 CITY-ST-ZIP Green Cove Springs, Florida 32043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME FREGEAU, KEN STREET ADDRESS 118TH AVE., N. CITY-ST-ZIP CLEARWATER, FL 33760	<input checked="" type="checkbox"/> Delete		TITLE D NAME Fregeau, Ken STREET ADDRESS 5400 118th Avenue, North CITY-ST-ZIP Clearwater, Florida 33760-4315	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CORYN, ED STREET ADDRESS 3020 46TH AVE., N CITY-ST-ZIP SAINT PETERSBURG, FL 33714	<input type="checkbox"/> Delete		TITLE D NAME Buckley, Steve STREET ADDRESS 3802 East Columbus Drive CITY-ST-ZIP Tampa, Florida 33605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: <u>Jay Boosinger</u> JAY BOOSINGER			DATE: <u>1/11/05</u> 850 878-3447		