
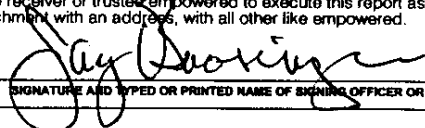


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90066 004 \*\*\*\*61.25

<b>DOCUMENT # 702172</b> 1. Entity Name <b>FLORIDA DAIRY PRODUCTS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1839 BUFORD COURT SUITE 1 TALLAHASSEE, FL 32308 US</b>			Mailing Address <b>1839 BUFORD COURT SUITE 1 TALLAHASSEE, FL 32308 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-0841805</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BOOSINGER, JAY 2053 TAYLOR ROAD TALLAHASSEE, FL 32308</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BOOSINGER, JAY</b> <input type="checkbox"/> Delete <b>1839 BUFORD COURT, STE 1</b> <b>TALLAHASSEE, FL 32308</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>BACHELDER, RAY</b> <input type="checkbox"/> Delete <b>501 NE 18TH ST</b> <b>MIAMI, FL 33162</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>Scott Schultz</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>315 N. Bumby Ave.</b> <b>Orlando, FL 32803</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MCCALLON, EDWARD</b> <input type="checkbox"/> Delete <b>4169 COUNTY ROAD 15A</b> <b>GREEN COVE SPRINGS, FL 32043</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Dana Bean</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>40 N. 14th Place</b> <b>Fernandina Beach, FL 32034</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>SHULTZ, SCOTT</b> <input type="checkbox"/> Delete <b>315 NORTH BUMBY AVENUE</b> <b>ORLANDO, FL 32803</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>Ed McCallon</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4169 County Road 15A</b> <b>Green Cove Springs, FL 32043</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CORYN, ED</b> <input type="checkbox"/> Delete <b>3020 46TH AVE., N</b> <b>SAINT PETERSBURG, FL 33714</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BASSETT, JIM</b> <input type="checkbox"/> Delete <b>P.O BOX 540</b> <b>PERRY, FL 32348</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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.					
<b>SIGNATURE:</b> 			<b>1/10/08</b> <b>850 878-3447</b> <small>Date Daytime Phone #</small>		