


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 24, 2005 08:00 AM  
Secretary of State

DOCUMENT # F02298 1. Entity Name C & C DAIRY, INC.	
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Principal Place of Business 1700 RUCKS DAIRY ROAD FROSTPROOF, FL 33843 US	Mailing Address P.O. BOX 1440 FROSTPROOF, FL 33843 US
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01192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2029038	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.75 Additional Fee Required

6. Name and Address of Current Registered Agent  COFFMAN, JESSE 1604 RUCKS DAIRY ROAD FROSTPROOF, FL 33843	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000192221 01/25/05-800008-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RUCKS, PAULINE 1604 RUCKS DAIRY RD FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP COFFMAN, JESSE G 1604 RUCKS DAIRY RD. FROSTPROOF, 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 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 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: Jesse G. Coffman / JESSE G. COFFMAN 1/20/05 863-635-4388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #