


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000001466 1. Entity Name DAIRY SERVICE & MFG., INC.	
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Principal Place of Business 1726 KINGSLEY AVE., STE. 19 ORANGE PARK, FL 32073	Mailing Address 1726 KINGSLEY AVE., STE. 19 ORANGE PARK, FL 32073
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07102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-0691646	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FURNISH, GARY 1726 KINGSLEY AVE., STE. 19 ORANGE PARK, FL 32073	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS LUECHTEFELD, J.W. 4908 MCPHERSON ST. LOUIS, MO 63108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD RINCK, GARY R 14492 LADUE RD CHESTERFIELD, MO 63017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALE, LLEWELLYN III 211 NORTH BROADWAY, STE. 3600 ST. LOUIS, MO 631022750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/14/06-80002-009 550.00

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 a address, with all other like empowered.

SIGNATURE: *[Signature]* President Date: 7/10/06 Daytime Phone #: 3143321525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR