

**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.



Principal Place of Business
**1726 KINGSLEY AVE., STE. 19
ORANGE PARK, FL 32073**

Mailing Address
**1726 KINGSLEY AVE., STE. 19
ORANGE PARK, FL 32073**



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 ☐ **\$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**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**

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07/14/06-80002-009 550.00