


FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90005 049 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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**

2. Principal Place of Business - No P.O. Box #
1800 Park Ave.

3. Mailing Address
1800 Park Ave.

Suite, Apt. #, etc.
Apt. 490

Suite, Apt. #, etc.
Apt. 490

City & State
Orange Park

City & State
Orange Park

Zip
32073

Zip
32073



04302007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
**FURNISH, GARY
 1726 KINGSLEY AVE., STE. 19
 ORANGE PARK, FL 32073**

7. Name and Address of New Registered Agent

Name
Furnish, Gary

Street Address (P.O. Box Number is Not Acceptable)
1800 Park Ave.

Apt. 490

City
Orange Park

FL

Zip
32073

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 Change of address only
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD RINCK, GARY R 14492 LADUE RD CHESTERFIELD, MO 63017 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SALE, LLEWELLYN III 211 NORTH BROADWAY, STE. 3600 ST. LOUIS, MO 631022750 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Controller Charles R. Siebert, Jr. 16352 Cherry Orchard Dr. Wildwood MO 63040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Gary Rinck 4/30/07 314 679 3306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #