
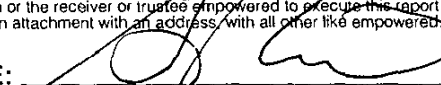


FILED
May 01, 2007 8:00 am
Secretary of State

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	
Country		Country	
4. FEI Number 43-0691646		Applied For <input type="checkbox"/> 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		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. Change of address only SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	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"/> Delete	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"/> Delete	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"/> Delete	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: 		Date 4/30/07 3:46 PM 3306 Daytime Phone #	