


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 13, 2008 08:00 AM
Secretary of State**

DOCUMENT # F05000001466	
1. Entity Name DAIRY SERVICE & MFG., INC.	

Principal Place of Business 1800 PARK AVE APT 490 ORANGE PARK, FL 32073	Mailing Address 1800 PARK AVE APT 490 ORANGE PARK, FL 32073
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05062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

FURNISH, GARY
1800 PARK AVE.
APT 490
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000951188
06/04/08-80023-005 550.00

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	C SIEBERT, CHARLES R JR. 16352 CHERRY ORCHARD DR. WILDWOOD, MO 63040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

May 12, 2008 314-276-6037 **Date Daytime Phone #**