2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006 08:00 AM
Secretary of State

DOCUMENT # F57987

1. Entity Name
SHIVER'S DAIRY FARM INC.

Principal Place of Business	Mailing Address
1770 NW LATITUDE RD MAYO, FL 32066	1770 NW LATITUDE RD MAYO, FL 32066

DO NOT WRITE IN THIS SPACE

06272006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2148269

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHIVER, KEITH
RT 1 BOX 474
MAYO, FL 32066

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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.

U00000573403
08/04/06-80006-012 150.00

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 $150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	SHIVER, CLIFTON O
STREET ADDRESS	1770 NW LATITUDE RD
CITY-ST-ZIP	MAYO, FL 32066
TITLE	SD
NAME	SHIVER, GLADYS
STREET ADDRESS	1770 NW LATITUDE RD
CITY-ST-ZIP	MAYO, FL 32066
TITLE	PD
NAME	SHIVER, LOUIS C
STREET ADDRESS	1770 NW LATITUDE RD
CITY-ST-ZIP	MAYO, FL 32066
TITLE	T
NAME	SHIVER, KEITH
STREET ADDRESS	1770 NW LATITUDE RD
CITY-ST-ZIP	MAYO, FL 32066
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Keith Shiver 8-1-06 386 294 1175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #