


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # F57987 1. Entity Name SHIVER'S DAIRY FARM INC.	
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Principal Place of Business 1770 NW LATITUDE RD MAYO, FL 32066	Mailing Address 1770 NW LATITUDE RD MAYO, FL 32066
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DO NOT WRITE IN THIS SPACE



02202007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2148269	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 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.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHIVER, CLIFTON O 1770 NW LATITUDE RD MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHIVER, GLADYS 1770 NW LATITUDE RD MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHIVER, LOUIS C 1770 NW LATITUDE RD MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHIVER, KEITH 1770 NW LATITUDE RD MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/08/07-80017-010 150.00

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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: 	2-23-07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>