2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Poles A THOORS
SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 28, 2008 08:00 AM Secretary of State

Daytime Phone #

DOCUMENT # F86548 1. Entity Name PALM LAND DAIRY, INC.				Secretary of State			
Principal Place 15931 1401 LIVE OAK, FI	TH ST	Mailing Address 15931 140TH ST LIVE OAK, FL 32060 US	-		I ka nna ankada oniti redul ink	I STON STON BIRN BIRN I	NTIN TATUTAL FI HARA
	O NOT WRITE	N THIS SPA	CE	04242008 4. FEI Number 59-225		CR2E034 (11	Applied For Not Applicable
	6. Name and Address of Current Reg	istered Agent		5. Certificate	of Status Desired		5 Additional equired
15931 140	ROBERT A.			ែន (១) ម៉ែក ភ្នំនឹង (NOT W HIS SP	. 14 1 . 1 2 . 13 . 13 . 13 . 1	
8. The above the obligat	named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and to		red office or register		h, in the State of Flo	rida. I am familiar	with, and accept
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution	· — +	.00 May Be ed to Fees			
10.	OFFICERS AND DIR	ECTORS		9.2 5 MART \$ 10	Soughpops		변(13) ZZ (14)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MOORE, ROBERT A. 15931 140TH ST LIVE OAK, FL. 32060						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOORE, ROBERT A. 15931 140TH ST LIVE OAK, FL 32060				- 000000: 05/21/08-	30031-011	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				, DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				INT	HIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,						
NAME STREET ADDRESS CITY-ST-ZIP							
of the corp	ertify that the information supplied with this on this report or supplemental report is true soration or the receiver or trustee empowers or on an attachment with an address, with a	ia to execute this report as requi	emptions contained ture shall have the s red by Chapter 607,	in Chapter 119, ame legal effect Florida Statutes	Florida Statutes. I f as if made under or ; and that my name	urther certify that ath; that I am an o appears in Block	the information fficer or director 10 or Block 11 if