


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90147 018 ***158.75

DOCUMENT # G11589
 1. Entity Name
WABASSO ROAD DAIRY, INC.



Principal Place of Business
 2903 C R 64 EAST
 AVON PARK, FL 33825 US

Mailing Address
 P O BOX 2421
 DELRAY BEACH, FL 33447-9421

50020633



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 118 N.E. SWINTON Cir.

05222006 Chg-P CR2E034 (11/05)

City & State
 Delray Bch, FL

4. FEI Number
 59-2248825

Applied For
 Not Applicable

Zip
 33444

Country

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

6. Name and Address of Current Registered Agent

HOOPER, JOSEPH LARRY
 118 N. SWINTON CIRCLE
 P O BOX 2421 (MAIL)
 DELRAY BEACH, FL 33444

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
 NAME HOOPER, JOSEPH L
 STREET ADDRESS 118 N SWINTON CIR
 CITY - ST - ZIP DELRAY BCH, FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE DS Delete
 NAME COULTER, ION DENNIS
 STREET ADDRESS 1980 COREY RD
 CITY - ST - ZIP PALM BAY, FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE Change Addition
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 CITY - ST - ZIP

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: Joseph Larry Hooper **Joseph Larry Hooper** 10-2-06 (408) 593-3663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #