

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # G11589**

1. Entity Name  
WABASSO ROAD DAIRY, INC.



**FILED**  
**Jul 29, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business

2903 C R 64 EAST  
AVON PARK, FL 33825 US

Mailing Address

118 NE SWINTON CIR  
DELRAY BEACH, FL 33444



07232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2248825 Applied For  
Not Applicable

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  
DELRAY BEACH, FL 33444

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when submitting)

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**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOOPER, JOSEPH L
STREET ADDRESS	118 N SWINTON CIR
CITY-ST-ZIP	DELRAY BCH, FL
TITLE	DS
NAME	COULTER, ION DENNIS
STREET ADDRESS	1980 COREY RD
CITY-ST-ZIP	PALM BAY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000956588  
07/29/08-80001-016 550.00

**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 INCORPORATED OFFICER OR DIRECTOR

7.23.08  
Date

423-476-7623  
Daytime Phone #