

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H54179

FILED
Feb 09, 2006
Secretary of State

Entity Name: CAMPBELL'S DAIRYLAND INC.

Current Principal Place of Business:

CAMPBELL'S DAIRLAND
200 S. PARSONS AVE.
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

CAMPBELL'S DAIRLAND
200 S. PARSONS AVE.
BRANDON, FL 33511

New Mailing Address:

FEI Number: 59-2519346 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAULES, JILL L
200 S. PARSONS AVE
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JAY, PAULES M
Address: 743 FORTUNA DR.
City-St-Zip: BRANDON, FL 33511

Title: VD () Delete
Name: LEE, JAMES E
Address: 741 SANDY CREEK DR.
City-St-Zip: BRANDON, FL 33511

Title: SD () Delete
Name: PAULES, JILL
Address: 743 FORTUNA DR.
City-St-Zip: BRANDON, FL 33511

Title: TD () Delete
Name: LEE, LEESA
Address: 741 SANDY CREEK DR.
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: BOYD, CAMPBELL R
Address: 11210 LEPRECHAUN DR.
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: CAMPBELL, PAMELA J
Address: 11210 LEPRECHAUN DR.
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JILL L. PAULES

SD

02/09/2006

Electronic Signature of Signing Officer or Director

_____ Date