

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H54179

FILED  
Jan 09, 2008  
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: 713 PENNYROYAL PL.  
City-St-Zip: BRANDON, FL 33510

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

Title: TD ( ) Delete  
Name: LEE, LEESA  
Address: 713 PENNYROYAL PL.  
City-St-Zip: BRANDON, FL 33510

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  
Name:  
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 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

01/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date