

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H62704

Entity Name: T. K. DAIRIES, INC.

FILED  
Apr 02, 2012  
Secretary of State

**Current Principal Place of Business:**

148 BARN 1 RD.  
ZOLFO SPRINGS, FL 33890

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1355  
AVON PARK, FL 33825

**New Mailing Address:**

P.O. BOX 1355  
AVON PARK, FL 33826

FEI Number: 59-2551756

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WATKINS, THOMAS S.  
531 LAKE LOTELA DR.  
AVON PARK, FL 33825 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

**OFFICERS AND DIRECTORS:**

Title: DVP  
Name: MELEAR, HENRETTA  
Address: 1145 LAKE LOTELA DR  
City-St-Zip: AVON PARK, FL 33825 US

Title: DP  
Name: WATKINS, THOMAS S  
Address: 531 LAKE LOTELA DR  
City-St-Zip: AVON PARK, FL 33825 US

Title: DS  
Name: WATKINS, DEBRA M  
Address: 531 LAKE LOTELA DR  
City-St-Zip: AVON PARK, FL 33825 US

Title: DT  
Name: WATKINS, KARA  
Address: 5707 HAMPTON WOODS BLVD  
City-St-Zip: SEBRING, FL 33872 US

I hereby 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 all other like empowered.

SIGNATURE: THOMAS S WATKINS

DP

04/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date