

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-05-2004 90064 022 ***150.00

DOCUMENT # J21672					
1. Entity Name TRIPLE A. DAIRY, INC.					
Principal Place of Business RT. 1 BOX 5230 P.O. DRAWER 640 GLEN ST. MARY FL 32040			Mailing Address RT. 1 BOX 5230 P.O. DRAWER 640 GLEN ST. MARY FL 32040		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2685727 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ADAMS, THOMAS J. RT. 1 BOX 5230 GLEN ST. MARY FL 32040 12531 W. Confederate Dr Glen St Mary, FL 32040-3875				Name Street Address (P.O. Box Number is Not Acceptable) City	
B. 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.				FL Zip Code	
SIGNATURE  <small>Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reappointing)</small>				DATE 4-16-04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, THOMAS J.		NAME		
STREET ADDRESS	RT. 1 BOX 5230		STREET ADDRESS		
CITY-ST-ZIP	GLEN ST. MARY FL		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, PHILLIP J		NAME		
STREET ADDRESS	PO DRAWER 640		STREET ADDRESS		
CITY-ST-ZIP	HAMPTON FL 32044		CITY-ST-ZIP		
TITLE	PS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Adams, Thomas J.		NAME		
STREET ADDRESS	12531 W. Confederate Drive		STREET ADDRESS		
CITY-ST-ZIP	Glen St Mary, FL 32040-3875		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Adams Phillip J.		NAME		
STREET ADDRESS	8975 Pine Top Rd		STREET ADDRESS		
CITY-ST-ZIP	Glen St Mary, FL 32040		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 4-16-04 DAYTIME PHONE # 904-614-2383	