

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90028 008 ***150.00

DOCUMENT # J21672	
1. Entity Name TRIPLE A. DAIRY, INC.	

Principal Place of Business 12531 W CONFEDERATE DR P.O. DRAWER 640 GLEN SAINT MARY FL 32040-0640	Mailing Address RT. 1 BOX 5230 P.O. DRAWER 640 GLEN ST. MARY FL 32040
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Drawer 640 Suite, Apt. #, etc. 12531 W. Confederate Dr City & State Glen St Mary, FL Zip 32040-0640 Country USA
City & State	4. FEI Number 59-2685727 Applied For <input type="checkbox"/> Not Applicable
Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent ADAMS, THOMAS J. 12531 W. CONFEDERATE DR GLEN SAINT MARY FL 32040-3875	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ADAMS, THOMAS J 12531 W CONFEDERATE DR GLEN SAINT MARY FL 32040-3875 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, PHILLIP J SR 8975 PINE TOP RD GLEN SAINT MARY FL 32040 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ADAMS, WILLIAM E 8462 OKAY LANE GLEN SAINT MARY FL 32040 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ADAMS, ROBERT E 12531 W CONFEDERATE DR GLEN SAINT MARY FL 32040 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Amanda Morris <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Amanda Morris 8498 Okay Lane Glen Saint Mary FL 32040 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Adams, William E. 8462 Okay Ln Glen Saint Mary, FL 32040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Morris, Amanda R 8498 Okay Ln Glen St Mary, FL 32040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ Date: **Jan 20, '06** 904-614-2383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #