

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



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Drawer 640
Suite, Apt. #, etc.
12531 W. Confederate Dr
Glen St Mary, FL
32040-0640
USA

1st MOORE

CR2E034 (10/05)

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

59-2685727

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

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

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C
NAME ADAMS, THOMAS J
STREET ADDRESS 12531 W CONFEDERATE DR
CITY-ST-ZIP GLEN SAINT MARY FL 32040-3875 ☐ Delete

TITLE P
NAME ADAMS, PHILLIP J SR
STREET ADDRESS 8975 PINE TOP RD
CITY-ST-ZIP GLEN SAINT MARY FL 32040 ☒ Delete

TITLE VT
NAME ADAMS, WILLIAM E
STREET ADDRESS 8462 OKAY LANE
CITY-ST-ZIP GLEN SAINT MARY FL 32040 ☒ Delete

TITLE VS
NAME ADAMS, ROBERT E
STREET ADDRESS 12531 W CONFEDERATE DR
CITY-ST-ZIP GLEN SAINT MARY FL 32040 ☒ Delete

TITLE ~~Amanda Morris~~
NAME ~~Amanda Morris~~
STREET ADDRESS ~~8498 Okay Ln~~
CITY-ST-ZIP ~~Glen Saint Mary FL 32040~~ ☐ Delete

TITLE ~~Amanda Morris~~
NAME ~~Amanda Morris~~
STREET ADDRESS ~~8498 Okay Ln~~
CITY-ST-ZIP ~~Glen Saint Mary FL 32040~~ ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Adams, William E.
STREET ADDRESS 8462 Okay Ln
CITY-ST-ZIP Glen Saint Mary, FL 32040 ☒ Change ☐ Addition

TITLE TS
NAME Morris, Amanda R
STREET ADDRESS 8498 Okay Ln
CITY-ST-ZIP Glen Saint Mary, FL 32040 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 20, '06 *904-614-2383*