## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J32899

Entity Name: SANDY GULLY DAIRY, INC.

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

1253 COUGAR BLVD SEBRING, FL 33872

**Current Mailing Address: New Mailing Address:** 

2451 LAKEVIEW DRIVE SEBRING, FL 33870

FEI Number: 59-2719174 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ELROD, WADETTE 2451 LÁKEVIEW DR SEBRING, FL 33870 US

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.

Address:

SIGNATURE: Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition ELROD, RONNIE, JR. ELROD, RONNIE, JR. Name: Name:

2451 LAKEVIEW DR. 2451 LAKEVIEW DR. Address: SEBRING, FL 33870 US City-St-Zip: SEBRING, FL City-St-Zip:

Title: DTS Title: DTS (X) Change ( ) Addition () Delete Name: ELROD. WADETTE Name: ELROD. WADETTE

2451 LAKEVIEW DRI 2451 LAKEVIEW DRI Address: Address: SEBRING, FL SEBRING, FL 33870 US City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: DV ( ) Delete DV

PEARSON, TERESA Name: PEARSON, TERESA Name: 1335 COUGAR BLVD 1335 COUGAR BLVD Address: Address: City-St-Zip: SEBRING, FL 33872 City-St-Zip: SEBRING, FL 33872 US

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: WADETTE ELROD 04/08/2009 MS