

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90015 032 ***150.00

DOCUMENT # K35441

1. Entity Name
DAVIS DAIRY FARMS, INC.



Principal Place of Business
**3806 OLD HICKORY POND ROAD
COTTONDALE, FL 32431**

Mailing Address
**3806 OLD HICKORY POND ROAD
COTTONDALE, FL 32431**

40021893



02082006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2920259

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DAVIS, BENNY A JR
3806 OLD HICKORY POND ROAD
COTTONDALE, FL 32431**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAVIS, BENNIE E., JR.
STREET ADDRESS	3806 OLD HICKORY POND ROAD
CITY-STATE-ZIP	COTTONDALE, FL
TITLE	D
NAME	DAVIS, MICHAEL H.
STREET ADDRESS	RT. 4, BOX 180
CITY-STATE-ZIP	GRACEVILLE, FL
TITLE	D
NAME	DAVIS, CHARLES KEITH
STREET ADDRESS	RT. 3, BOX 155-A
CITY-STATE-ZIP	CHIPLEY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

2-27-06 850-658-0931