


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # M67930 1. Entity Name SOUTHEAST DAIRY PROCESSORS, INC.	
--	---

Principal Place of Business 3803 E. COLUMBUS DR. P.O. BOX 5088 TAMPA, FL 33675-2088	Mailing Address PO BOX 333 COLUMBUS, OH 43216 US
--	--



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2873496	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TILLER, WILLIAM B.
3803 E. COLUMBUS DR.
TAMPA, FL 33605

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TILLER, WILLIAM B. 3803 COLUMBUS DRIVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TILLER, DONALD H., JR. 3803 COLUMBUS DRIVE TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MICHAELIDES, THOMAS G. 2200 CARDIGAN AVE COLUMBUS, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OSBORNE, VICKIE A 3803 COLUMBUS DRIVE TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000731420
05/09/07-80004-012 150.00

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: T. Michaelides 4/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #