

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90299 006 ***150.00

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04102006 Chg-P CR2E034 (11/05)

DOCUMENT # P02000016528					
1. Entity Name WHITE OAK DAIRY, INC.					
Principal Place of Business 6951 SW CR 534 MAYO, FL 32066			Mailing Address 1700 NE SHADY OAK RD. MAYO, FL 32066		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 01-0614276	
				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				7. Name and Address of New Registered Agent	
SULLIVAN, JODY W RT. 2 BOX 190 MAYO, FL 32066				Name Sullivan, Jody W	
				Street Address (P.O. Box Number is Not Acceptable)	
				1700 NE Shady Oaks Rd	
				City Mayo	FL Zip Code 32066
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 _____					
Signature typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JODY W		NAME	Sullivan, Jody W	
STREET ADDRESS	RT. 2 BOX 190		STREET ADDRESS	1700 NE Shady Oaks Rd	
CITY-ST-ZIP	MAYO, FL 32066		CITY-ST-ZIP	Mayo, FL 32066	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, DEBORAH J		NAME	Sullivan, Deborah J	
STREET ADDRESS	RT. 2 BOX 190		STREET ADDRESS	1700 NE Shady Oaks Rd	
CITY-ST-ZIP	MAYO, FL 32066		CITY-ST-ZIP	Mayo, FL 32066	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Deborah J Sullivan</i>			4-10-06 386-294-1335		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		