


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000025043	
1. Entity Name OAK GROVE DAIRY, INC.	

Principal Place of Business ROUTE 349 NORTH OLD TOWN, FL 32688	Mailing Address PO BOX 40 OLD TOWN, FL 32688
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DO NOT WRITE IN THIS SPACE



02242005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0626701	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent

WATSON, TODD ESQ
7785 BAYMEADOWS WAY SUITE 107
JACKSONVILLE, FL 32256

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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, 2005 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	PIECHOCKI, RONALD M
STREET ADDRESS	RT 349 N P.O. BOX 40
CITY-ST-ZIP	OLD TOWN, FL 32680
TITLE	D
NAME	PIECHOCKI, ROBERT SR
STREET ADDRESS	RT 349 N P.O. BOX 40
CITY-ST-ZIP	OLD TOWN, FL 32680
TITLE	D
NAME	PIECHOCKI, SHARON M
STREET ADDRESS	RT 349 N P.O. BOX 40
CITY-ST-ZIP	OLD TOWN, FL 32680
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/07/05-80014-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Sharon M Piechocki
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-05 352 542 2003
Date Daytime Phone #