

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132409

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: DAIRY CONNECTIONS MANAGEMENT, INC.

## Current Principal Place of Business:

2209 N 40TH. STREET  
TAMPA, FL 33605

## New Principal Place of Business:

2209 NORTH 40TH. STREET  
TAMPA, FL 33605

## Current Mailing Address:

P O BOX 5085  
TAMPA, FL 33675

## New Mailing Address:

FEI Number: 74-3073233      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANGFORD, E C  
1715 WEST CLEVELAND STREET  
TAMPA, FL 33606 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: GUAGLIARDO, SAL  
Address: 5807 MARINAR STREET  
City-St-Zip: TAMPA, FL 33609

Title: CFO ( ) Delete  
Name: PAGE, DAN  
Address: 2209 N 40TH ST  
City-St-Zip: TAMPA, FL 33605

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SAL GUAGLIARDO

PSD

02/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date