


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90227 043 \*\*\*150.00

<b>DOCUMENT # P05000137926</b>	
1. Entity Name <b>WELSBY DAIRY, INC.</b>	

Principal Place of Business <b>1290 MIMOSA CT MARCO ISLAND, FL 34145</b>	Mailing Address <b>1290 MIMOSA CT MARCO ISLAND, FL 34145</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

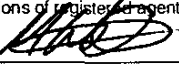
**40084382**



04222007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-3634702</b>		Applied For <input type="checkbox"/> 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	
<b>HAUSLER, GARY J ESQ</b> <b>950 N COLLIER BLVD</b> <b>STE 301</b> <b>MARCO ISLAND, FL 34145</b>		Name <b>WELSBY, MICHAEL JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>1450 BORGHESE LANE # 301</b> City <b>NAPLES</b> FL Zip Code <b>34114</b>	

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:  **MICHAEL WELSBY JR., DIRECTOR** DATE: **4/23/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WELSBY, M H SR</b> <b>1290 MIMOSA CT</b> <b>MARCO ISLAND, FL 34145</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WELSBY, MICHAEL JR.</b> <b>1450 BORGHESE LANE #301</b> <b>NAPLES FL 34114</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WELSBY, BARBARA</b> <b>1290 MIMOSA CT</b> <b>MARCO ISLAND FL 34145</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <b>PENELOPE WELSBY.</b> <b>1290 MIMOSA CT</b> <b>MARCO ISLAND, FL 34145</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **MICHAEL H. WELSBY SR.** DATE: **4/23/07** DAYTIME PHONE: **239-642-4490**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR