

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25181

Entity Name: WELLS DAIRY, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

1 BLUE BUNNY DRIVE
LE MARS, IA 510311310 US

New Principal Place of Business:

Current Mailing Address:

1 BLUE BUNNY DR
P O BOX 1310
LE MARS, IA 510311310 US

New Mailing Address:

FEI Number: 42-1080796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: DIR () Delete
Name: WELLS, GREG A DIR
Address: ONE BLUE BUNNY DRIVE
City-St-Zip: LE MARS, IA 51031

Title: CEO () Delete
Name: WELLS, MICHAEL C CEO
Address: ONE BLUE BUNNY DRIVE
City-St-Zip: LE MARS, IA 51031

Title: CFO () Delete
Name: GARTH, MARK CFO
Address: ONE BLUE BUNNY DRIVE
City-St-Zip: LE MARS, IA 51031

Title: DIR () Delete
Name: WELLS, DANIEL W DIR
Address: ONE BLUE BUNNY DRIVE
City-St-Zip: LE MARS, IA 51031

Title: DIR () Delete
Name: WELLS, DOUGLAS J DIR
Address: ONE BLUE BUNNY DRIVE
City-St-Zip: LE MARS, IA 51031

Title: DIR () Delete
Name: WELLS, GARY M DIR
Address: ONE BLUE BUNNY DRIVE
City-St-Zip: LE MARS, IA 51031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MARK GARTH

CFO

03/24/2009

Electronic Signature of Signing Officer or Director

Date