

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90020 039 ***150.00

DOCUMENT # P93000076890

1. Entity Name

WB DAIRY, INC.



Principal Place of Business

5 MILES SOUTH OF HILLIARD ON WEST
SIDE OF U.S. 1
HILLIARD FL 32046

Mailing Address

P O BOX 1259
HILLIARD FL 32046
US



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

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3194322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROY, LANSING J ESQ
200 W. FORSYTH STREET
SUITE 1200
JACKSONVILLE FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when re-registering)

Date

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME WALKER, KIMBERLEY
STREET ADDRESS 3845-49 N.E. 163RD STREET
CITY- ST- ZIP N. MIAMI BEACH FL 33160 ☐ Delete

TITLE S/T/D
NAME KELLY OVERBY
STREET ADDRESS 1360 EAST COAST DRIVE
CITY- ST- ZIP ATLANTIC BEACH FLORIDA 32233 ☐ Change ☒ Addition

TITLE D
NAME WALKER, DONALD
STREET ADDRESS 706 FRONT STREET
CITY- ST- ZIP HILLIARD FL 32046 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE P
NAME WALKER, RICHARD E
STREET ADDRESS US HIGHWAY 1, SOUTH
CITY- ST- ZIP HILLIARD FL 32046 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT

2/22/07

904 879-2915