

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91280 049 ***150.00



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1. Entity Name

DAIRY PLAZA, INC.

Principal Place of Business

105 SEABREEZE BLVD
 SUITE 105
 DAYTONA BEACH FL 32118
 US

Mailing Address

P.O. BOX 4235
 ORMOND BEACH FL 32175
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3275590

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

DELAHUNTY, TERENCE J JR.
 C/O FOLEY & LARDNER
 111 N. ORANGE AVE., SUITE 1800
 ORLANDO FL 32801

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: 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	P	<input type="checkbox"/> Delete
NAME	VANDAGRIFF, SARAH D.	
STREET ADDRESS	100 SEABREEZE BLVD SUITE 105	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WHIDDON, MARGARET D	
STREET ADDRESS	P. O. BOX 204	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOUCKS, WILLIAM E.	
STREET ADDRESS	444 SEABREEZE BLVD #900	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, ELSE J.	
STREET ADDRESS	100 SEABREEZE BLVD SUITE 105	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

Sarah D Vandagriff
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04

Date

386/6729080

Daytime Phone #