


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000064407**

1. Entity Name  
DAIRY PLAZA, INC.



Principal Place of Business      Mailing Address

105 SEABREEZE BLVD      P.O. BOX 4235  
SUITE 105      ORMOND BEACH, FL 32175 US  
DAYTONA BEACH, FL 32118 US

**DO NOT WRITE IN THIS SPACE**



03292005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
59-3275590      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing        \$5.00 May Be Added to Fees  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VANDAGRIFF, SARAH D. 100 SEABREEZE BLVD SUITE 105 DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHIDDON, MARGARET D P. O. BOX 204 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOUCKS, WILLIAM E. 444 SEABREEZE BLVD #900 DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, ELSE J. 100 SEABREEZE BLVD SUITE 105 DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/18/05-80107-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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      4/15/2005      386/672 9080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #