

**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  
105 SEABREEZE BLVD  
SUITE 105  
DAYTONA BEACH, FL 32118 US

Mailing Address  
P.O. BOX 4235  
ORMOND BEACH, FL 32175 US

**DO NOT WRITE IN THIS SPACE**



03292005 No Chg-P CR2E034 (10/03)

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**

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

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IN THIS SPACE**

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 reappointing)

DATE \_\_\_\_\_

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME VANDAGRIFF, SARAH D.  
STREET ADDRESS 100 SEABREEZE BLVD SUITE 105  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE VP  
NAME WHIDDON, MARGARET D  
STREET ADDRESS P. O. BOX 204  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE S  
NAME LOUCKS, WILLIAM E.  
STREET ADDRESS 444 SEABREEZE BLVD #900  
CITY-ST-ZIP DAYTONA BEACH, FL

TITLE T  
NAME JONES, ELSE J.  
STREET ADDRESS 100 SEABREEZE BLVD SUITE 105  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 #