

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000064407

Entity Name: DAIRY PLAZA, INC.

FILED
Jun 26, 2009
Secretary of State

Current Principal Place of Business:

500 SHADOW LAKES BOULEVARD
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

500 SHADOW LAKES BOULEVARD
LEASING OFFICE
ORMOND BEACH, FL 32174 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3275590 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

REINER, KAREN L
500 SHADOW LAKES BLVD.
LEASING OFFICE
ORMOND BEACH, FL 32174 US

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: KAREN L REINER

06/26/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VANDAGRIFF, SARAH D.
Address: P O BOX 4235
City-St-Zip: ORMOND BEACH, FL 32175 US

Title: VP () Delete
Name: WHIDDON, MARGARET D
Address: P. O. BOX 204
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: S () Delete
Name: VANDAGRIFF, SARAH D
Address: P. O. BOX 4235
City-St-Zip: ORMOND BEACH, FL 32175 US

Title: T () Delete
Name: REINER, KAREN L
Address: PO BOX 4235
City-St-Zip: ORMOND BEACH, FL 32175 US

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:

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: SARAH D VANDAGRIFF

P

06/26/2009

Electronic Signature of Signing Officer or Director

Date