


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 MAR 18 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000008509					
1. Entity Name KERBY DAIRY, INC.					
Principal Place of Business 1513 SW COUNTY RD 300 MAYO, FL 32066			Mailing Address 1513 SW COUNTY RD. 300 MAYO, FL 32066		
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	03072008 Chg-P CR2E034 (12/06)	
4. FEI Number 59-3349976				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KERBY, EVERETT 1513 SW COUNTY RD. 300 MAYO, FL 32066			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PT	NAME KERBY, EVERETT		<input type="checkbox"/> Delete		
STREET ADDRESS 1513 SW COUNTY RD 300	CITY-ST-ZIP MAYO, FL 32066		TITLE S		
NAME KERBY, LAJUANNA SUE		STREET ADDRESS 1513 SW COUNTY RD 300		CITY-ST-ZIP MAYO, FL 32066	
TITLE VP		NAME KERBY, ROBERT		STREET ADDRESS 1513 SW COUNTY ROAD 300	
STREET ADDRESS MAYO, FL 32066		CITY-ST-ZIP MAYO, FL 32066		TITLE VP	
NAME 		STREET ADDRESS 		CITY-ST-ZIP 	
TITLE 		NAME 		STREET ADDRESS 	
STREET ADDRESS 		CITY-ST-ZIP 		TITLE 	
NAME 		STREET ADDRESS 		CITY-ST-ZIP 	
TITLE 		NAME 		STREET ADDRESS 	
STREET ADDRESS 		CITY-ST-ZIP 		TITLE 	
NAME 		STREET ADDRESS 		CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another one empowered.					
SIGNATURE: <i>Everett Kerby</i>			3/14/08 386-294-1524		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		