2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000005469

1. Entity Name
SUNSHINE STATE MILK PRODUCERS, INC.

Principal Place of Business	Mailing Address
3334 N. WESTMORELAND DR. ORLANDO, FL 32804 US	P.O. BOX 547666 ORLANDO, FL 32854 US

DO NOT WRITE IN THIS SPACE

02092006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3419318
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DARLING, WILFRED A MR.
3334 N WESTMORELAND DR
ORLANDO, FL 32804

DO NOT WRITE 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 _____ 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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	ED
NAME	DARLING, WILFRED A MR
STREET ADDRESS	166 LOOKOUT PLACE SUITE 101
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	P
NAME	LAND, RODNEY MR.
STREET ADDRESS	1801 N. E. HEWITT LAND ROAD
CITY-ST-ZIP	MAYO, FL 32066
TITLE	VP
NAME	ALVAREZ, GEORGE
STREET ADDRESS	23183 POWELL ROAD
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	ST
NAME	LARSON, LOUIS J
STREET ADDRESS	10000 HWY 98 NO
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000044442
06A07A06-80003-018 150.00

DO NOT WRITE IN THIS SPACE

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 all other like empowered.

SIGNATURE: W. Arthur Darling 2-16-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #