

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90037 036 \*\*\*150.00

**DOCUMENT # P97000029022**

1. Entity Name

KOON-BROTHERS-DAIRY FARM, INC.



Principal Place of Business

ROUTE 2, BOX 1644  
MAYO FL 32066

Mailing Address

ROUTE 2, BOX 1644  
MAYO FL 32066

2. Principal Place of Business

409 N.E. T.J. KOON Rd

Suite, Apt. #, etc.

3. Mailing Address

409 N.E. T.J. KOON Rd

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

MAYO, FL

Zip

32066

Country

Lafayette

City & State

MAYO, FL

Zip

32066

Country

Lafayette

4. FEI Number

59-3434431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROWN, TOM  
10 NO COLUMBIA ST  
LAKE CITY FL 32055

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KOON, CHARLES	
STREET ADDRESS	ROUTE 2, BOX 65	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOON, HOWELL	
STREET ADDRESS	ROUTE 2, BOX 1644	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOON, ROBERT D	
STREET ADDRESS	ROUTE 2, BOX 100	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOON, SALLIE LOU	
STREET ADDRESS	ROUTE 2, BOX 1645	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOON, DONALD	
STREET ADDRESS	ROUTE 2, BOX 1655	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOON, DWYANE	
STREET ADDRESS	RT 2, BOX 70	
CITY-ST-ZIP	MAYO FL 32066	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOON, Charles	
STREET ADDRESS	443 N.E. SANDY HILL LANE	
CITY-ST-ZIP	MAYO, FL 32066	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOON, Howell	
STREET ADDRESS	P.O. Box 207	
CITY-ST-ZIP	MAYO, FL 32066	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOON, Robert D	
STREET ADDRESS	611 N.E. CANDY LANE	
CITY-ST-ZIP	MAYO, FL 32066	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOON, Sallie Lou	
STREET ADDRESS	400 N.E. T.J. KOON Rd	
CITY-ST-ZIP	MAYO, FL 32066	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOON, Donald	
STREET ADDRESS	131 N.E. T.J. KOON Rd	
CITY-ST-ZIP	MAYO, FL 32066	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOON, DWAYNE	
STREET ADDRESS	1497 N.E. County Rd 400	
CITY-ST-ZIP	MAYO, FL 32066	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Charles Koon Charles Koon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-04 386-294-1587

Date

Daytime Phone #