


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000029022	
1. Entity Name KOON BROTHERS DAIRY FARM, INC.	

Principal Place of Business	Mailing Address
409 NE T.J. KOON RD. MAYO, FL 32066	409 NE T.J. KOON RD. MAYO, FL 32066

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3434431	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
BROWN, TOM 10 NO COLUMBIA ST LAKE CITY, FL 32055

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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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	KOON, CHARLES
STREET ADDRESS	443 NE SANDY HILL LANE
CITY - ST - ZIP	MAYO, FL 32066
TITLE	D
NAME	KOON, HOWELL
STREET ADDRESS	P.O. BOX 207
CITY - ST - ZIP	MAYO, FL 32066
TITLE	D
NAME	KOON, ROBERT D
STREET ADDRESS	611 N.E. CANDY LANE
CITY - ST - ZIP	MAYO, FL 32066
TITLE	D
NAME	KOON, SALLIE LOU
STREET ADDRESS	400 NE T.J. KOON RD.
CITY - ST - ZIP	MAYO, FL 32066
TITLE	D
NAME	KOON, DONALD
STREET ADDRESS	131 NE T.J. KOON RD.
CITY - ST - ZIP	MAYO, FL 32066
TITLE	D
NAME	KOON, DWYANE
STREET ADDRESS	1497 NE COUNTY RD. 400
CITY - ST - ZIP	MAYO, FL 32066

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01/13/05-80017-015 150.00

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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: Charles Koon Charles Koon	1-10-05	386 294-1587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #