

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000029022**

1. Entity Name  
**KOON BROTHERS DAIRY FARM, INC.**



Principal Place of Business

**409 NE T.J. KOON RD.  
MAYO, FL 32066**

Mailing Address

**409 NE T.J. KOON RD.  
MAYO, FL 32066**



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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

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, 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	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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01/19/06-80061-004 150.00

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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. (President)

**SIGNATURE:** *Charles Koon* *Charles Koon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-11-06* *(386) 294-1393*

Date

Daytime Phone #