2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 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

01092007 No Chg-P CR2E034 (11/05)

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 COLUBUMBIA ST
LAKE CITY, FL 32055

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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, 2007 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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01/16/07-80005-003 150.00

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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: Robert D. Koon Sec to Corp. 1-10-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #