

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 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**



02112008 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000839831
03/06/08-80024-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KOON, CHARLES
443 NE SANDY HILL LANE
MAYO, FL 32066**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KOON, HOWELL
P.O. BOX 207
MAYO, FL 32066**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KOON, ROBERT D
611 N.E. CANDY LANE
MAYO, FL 32066**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KOON, SALLIE LOU
400 NE T.J. KOON RD.
MAYO, FL 32066**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KOON, DONALD
131 NE T.J. KOON RD.
MAYO, FL 32066**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KOON, DWYANE
1497 NE COUNTY RD. 400
MAYO, FL 32066**

**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:

Robert A. Koon Robert D. Koon

Date

Daytime Phone #