

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90082 010 \*\*\*150.00

DOCUMENT # P99000023804

1. Entity Name  
SHAW DAIRY, INC.



Principal Place of Business  
RT. 2, BOX 1285  
MAYO, FL 32066

Mailing Address  
RT. 2, BOX 1285  
MAYO, FL 32066

40003991



2. Principal Place of Business  
**291 SE Shaw Dairy Lane**

3. Mailing Address  
**291 SE Shaw Dairy Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102005 Chg-P CR2E034 (10/03)

City & State  
**Mayo, FL**

City & State  
**Mayo, FL**

4. FEI Number  
**59-3561389**

Applied For  
Not Applicable

Zip  
**32066**

Country

Zip  
**32066**

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SHAW, WILLIAM D  
RT. 2, BOX 1285  
MAYO, FL 32066

## 7. Name and Address of New Registered Agent

Name  
**William D. Shaw**  
Street Address (P.O. Box Number is Not Acceptable)  
**291 SE Shaw Dairy Lane**

City  
**Mayo** FL Zip Code  
**32066**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPT  
SHAW, WILLIAM D  
RT. 2, BOX 1285  
MAYO, FL 32066**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SHAW, EDNA F  
RT. 2, BOX 1285  
MAYO, FL 32066**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *William D. Shaw* **William D. Shaw** 1-20-05 386-294-1343  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #