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Mar 06, 2008 8:00 am
Secretary of State
01-29-2008 90030 006 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1/2

DOCUMENT # V18601

1. Entity Name

LAKE BRANCH DAIRY, INC.

66002650

Principal Place of Business	Mailing Address
3060 PERDUE ROAD WAUCHULA FL 33873-8503	3060 PERDUE ROAD WAUCHULA FL 33873-8503

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0319105 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

NICKERSON, ROGER
3060 PERDUE ROAD
WAUCHULA FL 33873-9511

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 *Roger Nickerson Pres. ROGER NICKERSON 1/23/2008*
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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICKERSON, ROGER 5901 STEVE ROBERTS SPECIAL ZOLFO SPRINGS FL 33890-9523	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*V* *ELIZABETH L. MOORE* *P.O. BOX 1988* *WAUCHULA FL. 33873*	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NICKERSON, ELIZABETH M. 3060 PURDUE ROAD WAUCHULA FL 33873-8503	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*V* *MIRRIAM M. NICKERSON* *115 N.E. 3RD. ST.* *FORT MEADE, FL 33841*	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NICKERSON, KELLY 115 N E 3RD STREET FORT MEADE FL 33841-2533	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOORE, KEVIN PO BOX 1988 WAUCHULA FL 33873-5988	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONTGOMERY, ROGER 2556 MAUDE ROAD WAUCHULA FL 33873-4896	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONTGOMERY, CONNIE L 2556 MAUDE ROAD WAUCHULA FL 33873	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Roger L. Nickerson ROGER L. NICKERSON 01/23/2008 863-773-6771*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #