


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90117 040 \*\*\*150.00

**DOCUMENT # P02000025043**

1. Entity Name  
**OAK GROVE DAIRY, INC.**



Principal Place of Business  
**ROUTE 349 NORTH  
 OLD TOWN, FL 32688**

Mailing Address  
**PO BOX 40  
 OLD TOWN, FL 32688**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

03062006 Chg-P CR2E034 (11/05)

4. FEI Number  
**01-0626701**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**WATSON, TODD ESQ  
 7785 BAYMEADOWS WAY SUITE 107  
 JACKSONVILLE, FL 32256**

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 \_\_\_\_\_  
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIECHOCKI, RONALD M		NAME		
STREET ADDRESS	RT 349 N P.O. BOX 40		STREET ADDRESS		
CITY-ST-ZIP	OLD TOWN, FL 32680		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIECHOCKI, ROBERT SR		NAME		
STREET ADDRESS	RT 349 N P.O. BOX 40		STREET ADDRESS		
CITY-ST-ZIP	OLD TOWN, FL 32680		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIECHOCKI, SHARON M		NAME		
STREET ADDRESS	RT 349 N P.O. BOX 40		STREET ADDRESS		
CITY-ST-ZIP	OLD TOWN, FL 32680		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 life empowered.

**SIGNATURE:** \_\_\_\_\_ **3-21-06** **352** **5422003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #