


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000025043</b> 1. Entity Name OAK GROVE DAIRY, INC.	
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Principal Place of Business ROUTE 349 NORTH OLD TOWN, FL 32688	Mailing Address PO BOX 40 OLD TOWN, FL 32688
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**DO NOT WRITE IN THIS SPACE**



02232007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0626701	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

WATSON, TODD ESQ  
 7785 BAYMEADOWS WAY SUITE 107  
 JACKSONVILLE, FL 32256

**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 \_\_\_\_\_ 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

000000655989  
 03/14/07-80007-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIECHOCKI, RONALD M RT 349 N P.O. BOX 40 OLD TOWN, FL 32680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIECHOCKI, SHARON M RT 349 N P.O. BOX 40 OLD TOWN, FL 32680
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**SIGN HERE**

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: Sharon Piechocki Date: 2-28-07 352 Daytime Phone #: 542-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR