


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P02000025043**  
 1. Entity Name  
**OAK GROVE DAIRY, INC.**



Principal Place of Business      Mailing Address  
**ROUTE 349 NORTH**      **PO BOX 40**  
**OLD TOWN, FL 32688**      **OLD TOWN, FL 32688**

**DO NOT WRITE IN THIS SPACE**



02122008      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**01-0626701**      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**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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**

000000865830  
 04/08/08-8004-012-150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	PIECHOCKI, RONALD M
STREET ADDRESS	RT 349 N P.O. BOX 40
CITY-ST-ZIP	OLD TOWN, FL 32680
TITLE	D
NAME	PIECHOCKI, SHARON M
STREET ADDRESS	RT 349 N P.O. BOX 40
CITY-ST-ZIP	OLD TOWN, FL 32680
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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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      **3-20-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #