


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90042 004 ***150.00

DOCUMENT # F13421
 1. Entity Name
SILVER LAKE DAIRY OF JEFFERSON COUNTY, INC.



Principal Place of Business Mailing Address
 240 WEST WASHINGTON ST.
 MONTICELLO, FL 32344 240 WEST WASHINGTON ST.
 MONTICELLO, FL 32344

94058688



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04192004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
59-2099538 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 MILLER, GEORGE
 240 WEST WASHINGTON ST.
 MONTICELLO, FL 32344

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 _____ (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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	BAILEY, CLAUDIA	
STREET ADDRESS	43 PINEVIEW DR	
CITY-ST-ZIP	WARRENVILLE, SC 29851	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILLER, JUDY F.	
STREET ADDRESS	240 W WASHINGTON ST	
CITY-ST-ZIP	MONTICELLO, FL 32344	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHARRON, GLORIA A.	
STREET ADDRESS	RT 2 BOX 34-B	
CITY-ST-ZIP	MONTICELLO, FL 32344	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, YVONNE S.	
STREET ADDRESS	8128 OAKWOOD ST	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	506 Luther Fountain Rd	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Judy F. Miller Judy F. Miller 4-19-04 997-2646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #