


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F13421 1. Entity Name SILVER LAKE DAIRY OF JEFFERSON COUNTY, INC.	
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Principal Place of Business 240 WEST WASHINGTON ST. MONTICELLO, FL 32344	Mailing Address 240 WEST WASHINGTON ST. MONTICELLO, FL 32344
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**DO NOT WRITE IN THIS SPACE**



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2099538	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

MILLER, GEORGE  
 240 WEST WASHINGTON ST.  
 MONTICELLO, FL 32344

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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 \_\_\_\_\_ 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BAILEY, CLAUDIA 43 PINEVIEW DR WARRENVILLE, SC 29851
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MILLER, JUDY F. 240 W WASHINGTON ST MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CHARRON, GLORIA A. 506 LUTHER FOUNTAIN RD. MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAILEY, YVONNE S. 8128 OAKWOOD ST JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 02/15/07-80045-004 150.00

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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: Judy F. Miller 2-7-07 997-2646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Judy F. Miller