2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2099538
☐ Applied For
☐ Not Applicable

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

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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, 2008 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
NAME	BAILEY, CLAUDIA
STREET ADDRESS	43 PINEVIEW DR
CITY-ST-ZIP	WARRENVILLE, SC 29851
TITLE	SD
NAME	MILLER, JUDY F.
STREET ADDRESS	240 W WASHINGTON ST
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	TD
NAME	CHARRON, GLORIA A.
STREET ADDRESS	506 LUTHER FOUNTAIN RD.
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	D
NAME	BAILEY, YVONNE S.
STREET ADDRESS	8128 OAKWOOD ST
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/16/08-80040-015 150.00

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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 1-11-08 850-997-2646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Judy F. Miller