

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13421

FILED
Jan 26, 2009
Secretary of State

Entity Name: SILVER LAKE DAIRY OF JEFFERSON COUNTY, INC.

Current Principal Place of Business:

240 WEST WASHINGTON ST.
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

240 WEST WASHINGTON ST.
MONTICELLO, FL 32344

New Mailing Address:

FEI Number: 59-2099538 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAILEY, CLAUDIA
Address: 43 PINEVIEW DR
City-St-Zip: WARRENVILLE, SC 29851

Title: SD () Delete
Name: MILLER, JUDY F.,
Address: 240 W WASHINGTON ST
City-St-Zip: MONTICELLO, FL 32344

Title: TD () Delete
Name: CHARRON, GLORIA A.
Address: 506 LUTHER FOUNTAIN RD.
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: BAILEY, YVONNE S.
Address: 8128 OAKWOOD ST
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY F. MILLER

D

01/26/2009

Electronic Signature of Signing Officer or Director

_____ Date