


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 266835 1. Entity Name MILK-A-WAY FARMS, INC.	
--	---

Principal Place of Business 10190 BROAD ST BROOKSVILLE, FL 34601	Mailing Address 2611 BAYSHORE BLVD #903 TAMPA, FL 33629 US
--	---



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1033030	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PILA, SALOMON 2611 BAYSHORE BLVD., #903 TAMPA, FL 33609

**DO NOT WRITE
IN THIS SPACE**

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 SALOMON PILA Salomon Pila Sen 2-11-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PD PILA, SALOMON 2611 BAYSHORE BLVD, #903 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PILA, HERTA 2611 BAYSHORE BLVD. #903 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REIBER, SAM I 907 S STERLING TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PILA, KALMAN W 4234 WINDING WILLOW DRIVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000230423
02/15/05-80043-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Herta Pila HERTA PILA 2-11-05 251-2081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #