2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 266835

1. Entity Name
MILK-A-WAY FARMS, INC.

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

02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

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

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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 X SALOMON PILA PRESIDENT 2-8-06
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, 2006 Fee will be $550.00

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

U00000430567
02/22/06-80054-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PILA, SALOMON
STREET ADDRESS	2611 BAYSHORE BLVD, #903
CITY-ST-ZIP	TAMPA, FL
TITLE	V
NAME	PILA, HERTA
STREET ADDRESS	2611 BAYSHORE BLVD. #903
CITY-ST-ZIP	TAMPA, FL
TITLE	T
NAME	REIBER, SAM I
STREET ADDRESS	907 S STERLING
CITY-ST-ZIP	TAMPA, FL
TITLE	S
NAME	PILA, KALMAN W
STREET ADDRESS	4234 WINDING WILLOW DRIVE
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Salomon Pila SALOMON PILA PRES 2-8-06 (813) 251 2081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #