


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 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
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01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1033030	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000616145 02/07/07-80016-014 150.00
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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	

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: <u>SALOMON PILA Salomon Pila</u>	<u>1-30-07 813-251201</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>