# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 28, 2009**
**Secretary of State**

DOCUMENT# 266835

**Entity Name:** MILK-A-WAY FARMS, INC.

**Current Principal Place of Business:**

10190 BROAD ST
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

**Current Mailing Address:**

2611 BAYSHORE BLVD
#903
TAMPA, FL 33629 US

**New Mailing Address:**

**FEI Number: 59-1033030** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

PILA, SALOMON
2611 BAYSHORE BLVD., #903
TAMPA, FL 33629 US

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: SALOMON PILA 02/28/2009
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: PILA, SALOMON
Address: 2611 BAYSHORE BLVD, #903
City-St-Zip: TAMPA, FL

Title: V ( ) Delete
Name: PILA, HERTA
Address: 2611 BAYSHORE BLVD. #903
City-St-Zip: TAMPA, FL

Title: T ( ) Delete
Name: REIBER, SAM I
Address: 907 S STERLING
City-St-Zip: TAMPA, FL

Title: S ( ) Delete
Name: PILA, KALMAN W
Address: 4234 WINDING WILLOW DRIVE
City-St-Zip: TAMPA, FL

**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: SALOMON PILA PD 02/28/2009
Electronic Signature of Signing Officer or Director Date