

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # F13421

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



Principal Place of Business

**240 WEST WASHINGTON ST.
MONTICELLO, FL 32344**

Mailing Address

**240 WEST WASHINGTON ST.
MONTICELLO, FL 32344**



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2099538

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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 _____

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BAILEY, CLAUDIA
STREET ADDRESS 43 PINEVIEW DR
CITY-ST-ZIP WARRENVILLE, SC 29851

TITLE SD
NAME MILLER, JUDY F.
STREET ADDRESS 240 W WASHINGTON ST
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE TD
NAME CHARRON, GLORIA A.
STREET ADDRESS 506 LUTHER FOUNTAIN RD.
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE D
NAME BAILEY, YVONNE S.
STREET ADDRESS 8128 OAKWOOD ST
CITY-ST-ZIP JACKSONVILLE, FL 32208

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-07

Date

997-2646

Daytime Phone #

Judy F. Miller
Judy F. Miller