2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000005493

1. Entity Name
WESTWAY FEED PRODUCTS, INC.

Principal Place of Business	Mailing Address
365 CANAL ST., STE. 2900 NEW ORLEANS, LA 70130	365 CANAL ST., STE. 2900 NEW ORLEANS, LA 70130

01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1362661
☐ Applied For
☐ Not Applicable

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

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	HUGULEY, ARTHUR W IV
STREET ADDRESS	365 CANAL ST., STE. 2900
CITY-ST-ZIP	NEW ORLEANS, LA 70130
TITLE	CV
NAME	SHOEMAKER, BRIAN
STREET ADDRESS	365 CANAL ST., STE. 2900
CITY-ST-ZIP	NEW ORLEANS, LA 70130
TITLE	D
NAME	HARDING, PETER
STREET ADDRESS	365 CANAL ST STE 2900
CITY-ST-ZIP	NEW ORLEANS, LA 70130
TITLE	SD
NAME	WATTS, ANTHONY
STREET ADDRESS	365 CANAL ST., STE. 2900
CITY-ST-ZIP	NEW ORLEANS, LA 70130
TITLE	V
NAME	FALSHAW, IAN
STREET ADDRESS	365 CANAL ST., STE. 2900
CITY-ST-ZIP	NEW ORLEANS, LA 70130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000440925
03/03/06-80016-010 150.00

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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: Anthony R. Watts Secty 1/30/06 504-525-9741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #