


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97000005493</b>	
1. Entity Name WESTWAY FEED PRODUCTS, INC.	

Principal Place of Business 365 CANAL ST., STE. 2900 NEW ORLEANS, LA 70130	Mailing Address 365 CANAL ST., STE. 2900 NEW ORLEANS, LA 70130
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**DO NOT WRITE IN THIS SPACE**



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 72-1362661	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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

000000608714  
02/01/07-80021-010 150.00

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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: IAN FALSHAW CONTROLLER 01/23/07 (504) 525-9741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #