


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 203076 1. Entity Name H. W. RUCKS & SON DAIRY INC |  |
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| Principal Place of Business 2220 SW 21ST STREET PO BOX 95 OKEECHOBEE, FL 34974-5714 | Mailing Address PO BOX 95 OKEECHOBEE, FL 34973 |
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01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|--|
| 4. FEI Number 59-0805598 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent RUCKS, TOMMY T 2220 S.W. 21ST STREET OKEECHOBEE, FL 34974 |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000129349 04/26/04-80075-001 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD RUCKS, BETTY J 2220 SW 21ST ST; POB 95 OKEECHOBEE, FL 34973 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V RUCKS, TOMMY T, JR 2220 SW 21ST ST; POB 95 OKEECHOBEE, FL 34973 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V RUCKS, KEITH S 2220 SW 21ST ST; POB 95 OKEECHOBEE, FL 34973 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PDT RUCKS, TOMMY T 2220 SW 21ST ST; POB 95 OKEECHOBEE, FL 34973 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Tommy T. Rucks** **4-21-04** **863-263-1130**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #