

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90969 050 \*\*\*150.00

40070204



01042005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 203076</b> 1. Entity Name <b>H. W. RUCKS &amp; SON DAIRY INC</b>					
Principal Place of Business <b>2220 SW 21ST STREET PO BOX 95 OKEECHOBEE, FL 34974-5714</b>			Mailing Address <b>PO BOX 95 OKEECHOBEE, FL 34973</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent  <b>RUCKS, TOMMY T 2220 S.W. 21ST STREET OKEECHOBEE, FL 34974</b>				7. Name and Address of New Registered Agent Name <b>Keith S. Rucks</b> Street Address (P.O. Box Number is Not Acceptable) <b>2220 S.W. 21st Street</b> City <b>Okeechobee</b> <b>FL</b> Zip Code <b>34974</b>	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUCKS, BETTY J 2220 SW 21ST ST; POB 95 OKEECHOBEE, FL 34973	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sims, Robin L. 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT Rucks, Keith S. 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	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT RUCKS, TOMMY T 2220 SW 21ST ST; POB 95 OKEECHOBEE, FL 34973	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 I/we empowered.					
SIGNATURE: <b>Robin L. Sims</b> 4-26-05 863-763-1130 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					