


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 203076</b> 1. Entity Name H. W. RUCKS & SON DAIRY INC	
---	---

Principal Place of Business 2220 SW 21ST STREET OKEECHOBEE, FL 34974-5714	Mailing Address PO BOX 95 OKEECHOBEE, FL 34973
---	--

**DO NOT WRITE IN THIS SPACE**



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0805598	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required
---	---

6. Name and Address of Current Registered Agent  RUCKS, KEITH S 2220 S.W. 21ST STREET OKEECHOBEE, FL 34974
--

**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, 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 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
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000553195  
05/15/06-80041-016 150.00

**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: Robin L. Sims 4-25-06 863-763-1130  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #