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

2005	FOR	PROF	IT CO	RPO	RAT	ION
	A	NNUA	L REF	PORT	Γ	

DOCUMENT # 285778 1. Entity Name RUSKIN VEGETABLE CORPORATION						05-02-2005 90495 001 ***150.00					
Principal Place of Business 5909 N. TAMIAMI TRAIL APOLLO BEACH, FL 33572 US			Mailing Address PO BOX 669 RUSKIN, FL 33570 US				DI 1810A BINK 1951) (BABI 186	1 410 18 210 81 210 0	A BIBIN BIBIN BIBIN	18 1 1 18 1	
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04142005	Chg-P	CR2E0	34 (10/03)		
City & State		City & State				4. FEI Numb 59-043			<u> </u>	plied For t Applicable	
Zip		Country	Zip Coun		try	5. Certificate	of Status Desired		\$8.75 Add Fee Required		
	6. Name	and Address of Current	Registered	d Agent		Name	7. Name and	Address of New R	legistered A	\gent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525					\mathcal{U}		leY per is Not Acceptable SuSSEL	Dr			
						City P	ant C	11+1	FL	Zip Code	
B. 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 accepted 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							and accept				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.											
10.	DOD	OFFICERS AND	DIRECTOR		11.		ADDITIONS	/CHANGES TO OFF	ICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3120 STA	DS, GARY AGECOACH TRAIL IA, FL 33598		☐ Delete		l l				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDM BUTLER, 807 RUS PLANT C	SELL DR		☐ Delete		l l				☐ Change	☐ Addition
TITLE	STD	TEDECCA C		☐ Delete	TITLE	- 1				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	4722 LIGHIERWOOD WAY					ET ADDRESS -ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	407 SHE	S, WESLEY G LL PT RD. E. FL 33570		☐ Delete		ı				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		R, SEAN SAKOR DR EW, FL 33569		Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	139 EAS	CASEY O T SOUTH TEMPLE SUI' KE CITY, UT 84111	TE 110	□ Delete		1		·		Change	☐ Addition
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. Secretary Treasurer SIGNATURE: Supplemental report is true and cause of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered 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. Secretary Treasurer SIGNATURE: Supplemental report is true and accurate and that my name appears in Block 10 or Block 11 if the changed, or on an attachment with an address, with all other like empowered. Secretary Treasurer											
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #											