


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 285778 1. Entity Name RUSKIN VEGETABLE CORPORATION						FILED 05 AUG 29 PM 2:51 SECRETARY OF STATE TALLAHASSEE	
Principal Place of Business 5909 N. TAMiami TRAIL APOLLO BEACH, FL 33572 US				Mailing Address PO BOX 669 RUSKIN, FL 33570 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent BUTLER, WL 807 RUSSELL DR TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301-2525			
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 <u><i>Deborah D. Skipper, asst. V.P.</i></u> 8/29/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 PCD REYNOLDS, GARY 3120 STAGECOACH TRAIL WIMAUMA, FL 33598				TITLE NAME STREET ADDRESS CITY-ST-ZIP 5000593949095 09/07/05--01029--022 **61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP VDM BUTLER, W.L. 807 RUSSELL DR PLANT CITY, FL				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP STD FULLER, TERESSA G 4722 LIGHIERWOOD WAY VALRICO, FL 33594				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD MULLINS, WESLEY G 407 SHELL PT RD. E. RUSKIN, FL 33570				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP AS JONES, CASEY O 139 EAST SOUTH TEMPLE SUITE 110 SALT LAKE CITY, UT 84111				TITLE NAME STREET ADDRESS CITY-ST-ZIP p/c/o Jones, Casey O 139 East South Temple Ste 110 Salt Lake City UT 84111			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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.							
SIGNATURE: <u><i>Teressa Fuller</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				SECRETARY/TREASURER <u><i>Teressa Fuller</i></u> Date <u>8/5/05</u> Daytime Phone # <u>8136451390</u>			