

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90016 017 ***150.00

DOCUMENT # 336799

1. Entity Name
REEDER RANCH & DAIRY, INC.



Principal Place of Business
**10608 US 41 NORTH
PALMETTO, FL 34221**

Mailing Address
**10608 US 41 NORTH
PALMETTO, FL 34221**

54066755



2. Principal Place of Business
3900 Verna Bethany RD
Suite, Apt. #, etc.

3. Mailing Address
3900 Verna Bethany RD
Suite, Apt. #, etc.

07152004 Chg-P CR2E034 (10/03)

City & State
Myakka City FL
Zip
34251
Country
USA

City & State
Myakka City FL
Zip
34251
Country

4. FEI Number
59-1279794
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANFULL, WILLIAM L
MACKEY LAW GROUP, P.A.
1402 3RD AVENUE WEST
BRADENTON, FL 34205**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ Delete
NAME **William L. Manfull**
STREET ADDRESS **3900 Verna Bethany RD**
CITY-ST-ZIP **Myakka City, FL 34251**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William L. Manfull, 7/28/04

Date

941-720-8871

Daytime Phone #