


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90010 040 ***558.75

DOCUMENT # 680443	
1. Entity Name BRIGHTON DAIRIES INCORPORATED	

Principal Place of Business 238 SE 16TH AVE PO BOX 489 OKEECHOBEE FL 34973-7489	Mailing Address P.O. BOX 489 PO BOX 489 OKEECHOBEE FL 34973-0489 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

90044111



1st MOORE CR2E034 (10/04)

4. FEI Number 59-1978399		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RUCKS, KEVIN G. 1988 SW 28TH AVE OKEECHOBEE FL 34973		7. Name and Address of New Registered Agent Name Gerald Rucks Street Address (P.O. Box Number is Not Acceptable) 2260 S.W. 13th Street City Okeechobee FL Zip Code 34974

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: *Gerald S. Rucks* DATE: **3-23-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WARREN, DEBORAH C. 84 N.E. ELDERBERRY TERR JENSEN BEACH FL 34957 <input type="checkbox"/> Delete	TITLE (SD) NAME STREET ADDRESS CITY-ST-ZIP	Warren, Deborah C. <input type="checkbox"/> Change <input type="checkbox"/> Addition 84 NE Elderberry Terrace Jensen Beach, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT RUCKS, MARY E 238 S.E. 16TH AVE. OKCCEHOBEE FL <input type="checkbox"/> Delete	TITLE (SDT) NAME STREET ADDRESS CITY-ST-ZIP	Mary E. Rucks <input type="checkbox"/> Change <input type="checkbox"/> Addition 238 SE 16th Avenue Okeechobee, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUCKS, KEVIN G. 1988 S.W. 28TH AVE OKEECHOBEE FL 34974 <input checked="" type="checkbox"/> Delete	TITLE (PD) NAME STREET ADDRESS CITY-ST-ZIP	Gerald S. Rucks <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2260 SW 13th Street Okeechobee, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUCKS, GLENN R. 477 S.W. 72ND TERR. OKEECHOBEE FL <input checked="" type="checkbox"/> Delete	TITLE (VPD) NAME STREET ADDRESS CITY-ST-ZIP	Ervin O. Rucks <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 238 SE 16th Avenue Okeechobee, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RUCKS, MARK W. 735 S.W. 72ND TERR. OKEECHOBEE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RUCKS, GERALD S. 2260 SW 13TH ST. OKEECHOBEE FL 34974 <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: *Gerald S. Rucks, Sec. Treas.* DATE: **3-28-05** DAYTIME PHONE: **1-863-763-4125**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR