


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # 791087 1. Entity Name UNITED FEED COOP., INC.	
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Principal Place of Business 708 N.W. 2ND AVENUE P.O. BOX 485 OKEECHOBEE, FL 34973-7485	Mailing Address 708 N.W. 2ND AVENUE P.O. BOX 485 OKEECHOBEE, FL 34973-7485
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04042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1888979	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent T.T. RUCKS 708 N.W. 2ND AVE OKEECHOBEE, FL 34972

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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 _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000388890 04/22/08-20082-017 51.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUCKS, T.T. 708 N.W. 2ND AVENUE OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERMAN, WILLIAM 708 N.W. 2ND AVENUE OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BUTLER, ROGER 708 N.W. 2ND AVENUE OKEECHOBEE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 617, 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:  **Pre 4/7/08** **863**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **763-2145**