### **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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#### DOCUMENT # F01000000056

BLUE BELL CREAMERIES, INC.



Principal Place of Business

Mailing Address

1101 SOUTH HORTON BRENHAM, TX 77833

BOX 1807

BRENHAM, TX 77834-1807

# **FILED** Apr 19, 2004 08:00 AM Secretary of State



04012004

No Chg-P

CR2E034 (10/03)

4. FEI Number 74-2983264

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

BRENHAM, TX 77833

BRENHAM, TX 77833

RANKIN, WILLIAM J 1101 SOUTH HORTON

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the obligat	<ul> <li>named entity submits this statement for the p tions of registered agent.</li> </ul>	urpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE				required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			U00000119728 04/19/04-80111-002 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRUSE, HOWARD W 1101 SOUTH HORTON BRENHAM, TX 77833				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KRUSE, PAUL W 1101 SOUTH HORTON BRENHAM, TX 77833				
THILE NAME STREET ADDRESS	CD KRUSE, ED F 1101 SOUTH HORTON				NOT WOITE

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12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

STREET ADDRESS CITY - ST - ZIP

T3T3 F

TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C3TY - S3 - 73P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-04

979-830-2/23

Daytone Phone #