


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Sep 02, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # H37597</b> 1. Entity Name MIDWEST HAY, INC.		
Principal Place of Business 3352 BLITCHTON RD. 500 N.E. 8TH AVENUE OCALA, FL 34475 US	Mailing Address % CHARLES RUSE, JR. 500 N.E. 8TH AVENUE OCALA, FL 32670-5345 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  RUSE, CHARLES, JR. 500 N.E. 8TH AVENUE OCALA, FL 32670		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT HATCH, KENNETH W 3352 BLITCHTON ROAD OCALA, FL	<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.  <b>SIGNATURE:</b> <i>Kenneth W. Hatch</i> <b>Kenneth W. Hatch</b> <i>Pres.</i> <b>9/1/04</b> <b>352-351-8008</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>		



09012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2508009	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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09/02/04-80003-022 550.00