


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # K58811 1. Entity Name QUIETCOVE-RAR HOLSTEINS, INC.	
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Principal Place of Business 14895 NW 30TH TERR OKEECHOBEE, FL 34972 US	Mailing Address 14895 NW 30TH TERR OKEECHOBEE, FL 34972 US
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0142251	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 ARNOLD, SUE 14895 NORTHWEST 30TH TERRACE OKEECHOBEE, FL 34972	DO NOT WRITE IN THIS SPACE
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000023852 02/02/04-80045-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT ARNOLD, SUE 14895 NW 30TH TERRACE OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RUCKS, KEITH S. 2220 SW 21 ST ST PO BOX 95 OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RUCKS, TOMMY JR 2220 SW 21 ST ST. PO BOX 95 OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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: <i>Sue Arnold</i> SUE ARNOLD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>1-21-04</i> Date	<i>863-763-4630</i> Daytime Phone #
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