


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000033888 1. Entity Name PINE ISLAND DAIRY, INC	
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Principal Place of Business 6700 SE PINE ISLAND RD. ARCADIA, FL 34266	Mailing Address 477 S.W. 72ND TERR. OKEECHOBEE, FL 34974
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01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0416730	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RUCKS, GLENN R 477 S.W. 72ND TERR. OKEECHOBEE, FL 34974
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**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000395632
01/26/06-80058-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUCKS, KEVIN G 1988 S.W. 28TH AVE. OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RUCKS, GLENN R 477 S.W. 72ND TERR. OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD RUCKS, MARK W 735 S.W. 72ND TERR. OKEECHOBEE, FL 34974
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 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 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: Glenn R. Rucks **GLENN R. RUCKS** 1-20-05 (863)697-9809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #