


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90028 016 ***150.00

DOCUMENT # P02000084569 1. Entity Name J.W. RYCKEWAERT HAY FARMS, INC.	
---	---

Principal Place of Business 7167 208TH ST O'BRIEN, FL 32071	Mailing Address 7167 208TH ST O'BRIEN, FL 32071
---	---

DO NOT WRITE IN THIS SPACE



06282006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2285836	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

RYCKEWAERT, JAMES W
7167 208TH ST
O'BRIEN, FL 32071

**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 JAMES W. RYCKEWAERT 7-10-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RYCKEWAERT, JAMES W 7167 208TH ST O'BRIEN, FL 32071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS RYCKENBERT, GLENDA RYCKEWAERT 7167 208TH ST O BRIEN, FL 32071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: JAMES W. RYCKEWAERT 7-10-06 386-9634310
Signature, typed or printed name of signing officer or director Date Daytime Phone #