2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000084569

1. Entity Name
J.W. RYCKEWAERT HAY FARMS, INC.

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

DO NOT WRITE IN THIS SPACE

02132008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
56-2285836	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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_____

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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RYCKEWAERT, JAMES W
STREET ADDRESS	7167 208TH ST
CITY-ST-ZIP	O'BRIEN, FL 32071
TITLE	DVPS
NAME	RYCKEWAERT, GLENDA
STREET ADDRESS	7167 208TH ST
CITY-ST-ZIP	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	

U00000838366
03/05/08-80026-005 150.00

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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: _Glenda_   V. P / Sec.   2-29-08   386 9634310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Glenda P. Ryckewaert