


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000085440	
1. Entity Name RUFF'S CLOVERLEAF FEED & TRANSFER, INC.	

Principal Place of Business 5301 FAIRMONT RD LAKE WALES FL 33853 US	Mailing Address 5301 FAIRMONT RD LAKE WALES FL 33853 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

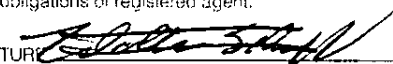
1st MOORE CR2E034 (10/07)

4. FEI Number 59-3212643	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RUFF, WALTER S 5301 FAIRMONT ROAD LAKE WALES FL 33853	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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:  DATE: _____

Signature typed or printed (an original signature is not required) (NOTE: Registered Agent signature required when submitting)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	RUFF, WALTER S
STREET ADDRESS	5301 FAIRMONT ROAD
CITY-ST-ZIP	LAKE WALES FL 33853
TITLE	<input type="checkbox"/> Delete
NAME	RUFF, WALTER E
STREET ADDRESS	5295 FAIRMONT ROAD
CITY-ST-ZIP	LAKE WALES FL 33853
TITLE	<input type="checkbox"/> Delete
NAME	RUFF, CAROLYN D
STREET ADDRESS	5301 FAIRMONT ROAD
CITY-ST-ZIP	LAKE WALES FL 33853
TITLE	<input type="checkbox"/> Delete
NAME	RUFF, CARMEN L
STREET ADDRESS	5411 FAIRMONT RD
CITY-ST-ZIP	LAKE WALES FL 33853
TITLE	<input type="checkbox"/> Delete
NAME	RUFF, THOMAS O
STREET ADDRESS	5297 FAIRMONT RD
CITY-ST-ZIP	LAKE WALES FL 33853
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000805245
02/05/08-80101-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **WALTER S RUFF** 1/24/08 863 4385613

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Year