

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P93000085440

**FILED**  
**Oct 10, 2012**  
**Secretary of State**

**Entity Name:** RUFF'S CLOVERLEAF FEED & TRANSFER, INC.

**Current Principal Place of Business:**

5301 FAIRMONT RD  
LAKE WALES, FL 33853 US

**New Principal Place of Business:**

**Current Mailing Address:**

5301 FAIRMONT RD  
LAKE WALES, FL 33853 US

**New Mailing Address:**

**FEI Number:** 59-3212643

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RUFF, WALTER S  
5301 FAIRMONT ROAD  
LAKE WALES, FL 33853 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** CARMEN L RUFF- RUSSELL

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** RUFF, WALTER S  
**Address:** 5301 FAIRMONT ROAD  
**City-St-Zip:** LAKE WALES, FL 33853

**Title:** D  
**Name:** RUFF, WALTER E  
**Address:** 5295 FAIRMONT ROAD  
**City-St-Zip:** LAKE WALES, FL 33853

**Title:** D  
**Name:** RUFF, CAROLYN D  
**Address:** 5301 FAIRMONT ROAD  
**City-St-Zip:** LAKE WALES, FL 33853

**Title:** D  
**Name:** RUFF- RUSSELL, CARMEN L  
**Address:** 5411 FAIRMONT RD  
**City-St-Zip:** LAKE WALES, FL 33853

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** CARMEN L RUFF-RUSSELL

DIR

10/10/2012

Electronic Signature of Signing Officer or Director

Date