

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000058665</b>	
1. Entity Name <b>MIDWEST FEED &amp; HAY, INC.</b>	
Principal Place of Business <b>17010 W NEWBERRY RD NEWBERRY, FL 32669 US</b>	Mailing Address <b>3352 BLITCHTON RD OCALA, FL 34475</b>



09012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3460248</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>RUSE, CHARLES JR. 500 NE 8TH AVE OCALA, FL 34470</b>
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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 \$550.00  
Due by September 8, 2004**

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

1000000171494

09/02/04-80003-024 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATCH, KENNETH W 3352 BLITCHTON RD OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWVILLE, VAN 3352 BLITCHTON RD OCALA, FL 34475
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Kenneth W Hatch Kenneth W Hatch Pres. 9/1/4 352-351-8008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #