

**2004 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 19, 2004  
Secretary of State**

DOCUMENT# S37461

Entity Name: HIDDEN HAMMOCK DAIRY, INC.

**Current Principal Place of Business:**

4141 SE 180TH ST  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

**Current Mailing Address:**

4141 SE 180TH ST  
SUMMERFIELD, FL 34491

**New Mailing Address:**

FEI Number: 59-3056731      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SIVERSON, H NELS  
4141 SE 180TH ST  
SUMMERFIELD, FL 34491      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: S      ( ) Delete  
Name: SIVERSON, MARILYN A,  
Address: 4141 SE 180TH ST  
City-St-Zip: SUMMERFIELD, FL

Title: P      ( ) Delete  
Name: SIVERSON, NELS H  
Address: 4141 SE 180TH STREET  
City-St-Zip: SUMMERFIELD, FL

Title: VP      ( ) Delete  
Name: VAN HOUTEN, TOM  
Address: 8010 S.E. 123RD LN  
City-St-Zip: BELLEVIEW, FL 34420

Title: T      ( ) Delete  
Name: SIVERSON, TORMOD N.  
Address: 4141 SE 180TH ST  
City-St-Zip: SUMMERFIELD, FL 34491

Title: VP      ( ) Delete  
Name: CRAVEN, DANIEL  
Address: 17825 S HWY 475  
City-St-Zip: SUMMERFIELD, FL 34491

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARILYN A. SIVERSON

S

10/19/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date