

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000079866

**Entity Name:** MILKING R, INC.

**Current Principal Place of Business:**

5818 HWY 98 N  
OKEECHOBEE, FL 34972

**Current Mailing Address:**

P.O. BOX 430  
OKEECHOBEE, FL 34973

**FEI Number:** 65-1133955

**Certificate of Status Desired:** No

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

RUCKS, KRIS A  
5818 HWY 98 N  
OKEECHOBEE, FL 34972 US

*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

**Officer/Director Detail :**

Title P  
Name RUCKS, JR, MACY SUTTON  
Address 5818 HWY 98 N  
City-State-Zip: OKEECHOBEE FL 34972

Title VP  
Name RUCKS, LINDSEY ANN  
Address 5818 HWY 98 N  
City-State-Zip: OKEECHOBEE FL 34972

Title ST  
Name RUCKS, KRIS ANN  
Address 5818 HWY 98 N  
City-State-Zip: OKEECHOBEE FL 34972

Title VP  
Name RUCKS, GARRETT SUTTON  
Address 5818 HWY 98 N  
City-State-Zip: OKEECHOBEE FL 34972

*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:** KRIS A. RUCKS

**SECRETARY**

**03/15/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date