2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 203868

1. Entity Name

C & C FARMS & RANCH INC.

Principal Place of Business	Mailing Address
18843 97TH DR. MCALPIN FL 32062 US	18843 97TH DR. MCALPIN FL 32062 US

2. *Principal Place of Business* — 3. *Mailing Address*

Suite, Apt. #, etc. — Suite, Apt. #, etc.

City & State — City & State

Zip — Country — Zip — Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-0816362 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CATER, JOHN D
18843 97TH DR.
MCALPIN FL 32062

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 acc... 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 $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	CARTER, JOHN D.	
STREET ADDRESS	18843 97TH DR.	
CITY-ST-ZIP	MCALPIN FL	
TITLE	STD	☐ Delete
NAME	CARTER, ELINOR	
STREET ADDRESS	18843 97TH DR.	
CITY-ST-ZIP	MCALPIN FL	
TITLE	V	☐ Delete
NAME	CARTER, JACQUELINE	
STREET ADDRESS	18843 97TH DR	
CITY-ST-ZIP	MCALPIN FL 32062	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1...

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS	000000441176	
CITY-ST-ZIP	03/03/06-80025-013 150.00	
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 informatio... 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 direc... 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 ... if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elinor Carter ELINOR Carter 2/15/06