2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED **DOCUMENT # 396552** Feb 01, 2006 08:00 AN 1. Entity Name **Secretary of State** C & T GROVES & LANDS, INC. Principal Place of Business Mailing Address 394 B TEMPLETON RD LAKE WALES FL 33853 394 B TEMPLETON RD LAKE WALES FL 33853 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-1388227 Not Applicat 2ip Country Country Zιο \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TEMPLETON, BRUCE Street Address (P.O. Box Number is Not Acceptable) 394B TEMPLETON RD. LAKE WALES FL 33853 City Zio 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 accept the obligations of registered agent U00000413639 Cignature Typico is printed harne of registered agent and title if applicable (NOTE Registured Agent signature reduced when constatute) FILE NOW!!! FEE IS \$150.00 . . \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete III Artditi TITLE THEF Change MALE TEMPLETON, BRUCE NAME STREET ADDRESS STREET ADDRESS 394B TEMPLETON RD. CITY-ST-ZIP LAKE WALES FL 33853 CITY-ST-ZIP Delete TITLE Change Change Addition NAME MANIE COCO, ANNA STREET ADDRESS STREET ADDRESS 394B TEMPLETON RD. CUTY-ST-ZIP LAKE WALES FL 33853 CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change DILE TATLE STREET ADDRESS STREET ADDRESS CUTY - ST- Z/P CITY-SI-7IP TALE ☐ Delete TOTLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete TITLE TITLE Change Addition NAME ALC: A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of this 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 an attachment with an address, with all other like empowered

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 information

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

if changed, or q

SIGNATURE