

2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A23716

Entity Name: C. A. THOMAS FARMS, LTD.

FILED
Jan 29, 2007
Secretary of State

Current Principal Place of Business:

P. O. BOX 8
LAKE HARBOR, FL 33459

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 8
LAKE HARBOR, FL 33459

New Mailing Address:

FEI Number: 59-2749692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GANN, JAMES M
257 S.E. AVE. E.
BELLE GLADE, FL 33430 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

GENERAL PARTNER INFORMATION:

Document #:

Name: NORMAN, MOLLY T
Address: 21 EAST CORKSCREW BLVD.
City-St-Zip: LAKE HARBOR, FL 33459

Document #:

Name: NORMAN, MOLLY T TRUSTEE
Address: 21 EAST CORKSCREW BLVD.
City-St-Zip: LAKE HARBOR, FL 33459

Document #:

Name: WEEKS, MARTHA L.T. TRUSTEE
Address: 8 EAST CORKSCREW BLVD.
City-St-Zip: LAKE HARBOR, FL 33459

Document #:

Name: WEEKS, MARTHA L.T. TRUSTEE
Address: 8 EAST CORKSCREW BLVD.
City-St-Zip: LAKE HARBOR, FL 33459

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Address:
City-St-Zip:

Address:
City-St-Zip:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: MOLLY T NORMAN

Electronic Signature of Signing General Partner

01/29/2007

Date