

2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

DUE BY MAY 1, 2008

FILED

Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # A23716

1. Entity Name

C. A. THOMAS FARMS, LTD.



Principal Place of Business

P. O. BOX 8
LAKE HARBOR FL 33459

Mailing Address

P. O. BOX 8
LAKE HARBOR FL 33459



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2749692

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E003 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and one of applicants

DATE

FILE NOW!!! Fee is \$500. ** After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	
NAME	NORMAN, MOLLY T
STREET ADDRESS	21 EAST CORKSCREW BLVD.
CITY-ST-ZIP	LAKE HARBOR FL 33459
DOCUMENT #	
NAME	NORMAN, MOLLY T TRUSTEE
STREET ADDRESS	21 EAST CORKSCREW BLVD.
CITY-ST-ZIP	LAKE HARBOR FL 33459
DOCUMENT #	
NAME	WEEKS, MARTHA L.T. TRUSTEE
STREET ADDRESS	8 EAST CORKSCREW BLVD.
CITY-ST-ZIP	LAKE HARBOR FL 33459
DOCUMENT #	
NAME	WEEKS, MARTHA L.T. TRUSTEE
STREET ADDRESS	8 EAST CORKSCREW BLVD.
CITY-ST-ZIP	LAKE HARBOR FL 33459
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	000000922870
CITY-ST-ZIP	05/16/08-80051-009 500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/21/08

501-996-1843

DAVIDE PUMS *