

2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A23716

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

FILED
May 04, 2011
Secretary of State

Current Principal Place of Business:

P. O. BOX 8
LAKE HARBOR, FL 33459

New Principal Place of Business:

1 MUTT THOMAS RD
LAKE HARBOR, FL 33459

Current Mailing Address:

P. O. BOX 8
LAKE HARBOR, FL 33459

New Mailing Address:

P. O. BOX 8
1 MUTT THOMAS RD.
LAKE HARBOR, FL 33459

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

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Document #:

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

Address:
City-St-Zip:

Document #:

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

Address:
City-St-Zip:

Document #:

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

Address:
City-St-Zip:

I hereby 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: MARTHA L.T. WEEKS

OWNE

05/04/2011

Electronic Signature of Signing General Partner

Date