


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90072 013 \*\*\*150.00

DOCUMENT # P00000036011					
1. Entity Name C & D FARMS, INC.					
Principal Place of Business C & D FARMS INC. 720 SE GORDON HURST RD. BRANFORD FL 32008			Mailing Address <del>RT 1 BOX 442</del> 720 SE Gordon Hurst Rd. BRANFORD FL 32008		
2. Principal Place of Business		3. Mailing Address 720 SE Gordon Hurst Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Branford FL		4. FEI Number 59-3640533	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32008		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  HURST, CHARLES D 720 SE GORDON HURST RD. BRANFORD FL 32008			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			Zip Code		
FL			FL		
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		Charles D Hurst President		28 Jan 05	
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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HURST, CHARLES D	NAME			
STREET ADDRESS	<del>RT 1 BOX 442</del> 720 SE Gordon Hurst Rd	STREET ADDRESS			
CITY-ST-ZIP	BRANFORD FL 32008	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HURST, CARLA	NAME			
STREET ADDRESS	<del>RT 1 BOX 442</del> 720 SE Gordon Hurst Rd	STREET ADDRESS			
CITY-ST-ZIP	BRANFORD FL 32008	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HURST, DONNA H	NAME			
STREET ADDRESS	<del>RT 1 BOX 442</del> SE Gordon Hurst Rd	STREET ADDRESS			
CITY-ST-ZIP	BRANFORD FL 32008	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 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 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		Charles D Hurst President		28 Jan 05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	