


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90050 028 \*\*\*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  
**720 SOUTHEAST GORDON HURST ROAD  
 BRANFORD FL 32008**



2. Principal Place of Business - No P.O. Box #  
**720 SE Gordon Hurst Rd**

3. Mailing Address  
**720 SE Gordon Hurst Rd**

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State  
**Branford, FL**

City & State  
**Branford, FL**

Zip  
**32008**

Country  
**USA**

Zip  
**32008**

Country  
**USA**

4. FEI Number **59-3640533** - Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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 \_\_\_\_\_

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 **Charles D Hurst president** (NOTE: Registered Agent signature required when reinstating)

DATE **27 Jan 07**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>RIELS, ANITA H</b> <b>1016 SE GORDON HURST RD</b> <b>BRANFORD FL 32008</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>HURST, CARLA</b> <b>720 SOUTHEAST GORDON HURST ROAD</b> <b>BRANFORD FL 32008</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>HURST, DONNA H</b> <b>720 SOUTHEAST GORDON HURST ROAD</b> <b>BRANFORD FL 32008</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 an other like empowered.

SIGNATURE: **Charles D Hurst Resident** (386) 935-2301  
 DATE: **27 Jan 07**