

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000122390

Entity Name: C & B FARMS, INC.

FILED
Jan 06, 2007
Secretary of State

Current Principal Place of Business:

H.C. RT 61, BOX 13
SR 835
CLEWISTON, FL 33440

New Principal Place of Business:

H.C. RT 61, BOX 13
CR 835
CLEWISTON, FL 33440

Current Mailing Address:

P.O BOX 1649
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 02-0541973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OBERN, CHARLES W
H.C. RT. 61, BOX 23
SR 835
CLEWISTON, FL 33440 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DSTP () Delete
Name: OBERN, CHARLES W
Address: HC RT 61, BOX 13, SR 835
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DSTP (X) Change () Addition
Name: OBERN, CHARLES W
Address: HC RT 61, BOX 13, CR 835
City-St-Zip: CLEWISTON, FL 33440

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES W OBERN

PRES

01/06/2007

Electronic Signature of Signing Officer or Director

_____ Date