2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State
04-12-2005 90147 020 ***150.00

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1. Entity Name
C & T HOMES, INC.

Principal Place of Business	Mailing Address
100 SOUTH STONE ST. BUNNELL, FL 32110	PO BOX 350058 PALM COAST, FL 32135

03242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0102308
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAVY, BENJAMIN
18 PALM LEAF LANE
PALM COAST, FL 32164

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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 Marie Tavares 4-7-05
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

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	CASTANHEIRA, JOHN
STREET ADDRESS	24 FALL WOOD LANE
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	P
NAME	TAVARES, ROY
STREET ADDRESS	4 CHILHAM CT.
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	T
NAME	TAVARES, MARIE
STREET ADDRESS	4 CHILHAM CT.
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	S
NAME	CASTANHEIRA, NICOLE
STREET ADDRESS	24 FALLWOOD LANE
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Roy Tavares (PRESIDENT) 5/2/05 (386)679-0135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #