


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90151 035 \*\*\*150.00

<b>DOCUMENT # P02000085069</b> 1. Entity Name <b>C &amp; T HOMES, INC.</b>					
Principal Place of Business <b>100 SOUTH STONE ST. BUNNELL, FL 32110</b>			Mailing Address <b>PO BOX 350058 PALM COAST, FL 32135</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>30-0102308</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SAVY, BENJAMIN 18 PALM LEAF LANE PALM COAST, FL 32164</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CASTANHEIRA, JOHN 24 FALL WOOD LANE PALM COAST, FL 32137</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Castanheira John 8 Ibis Court Palm Coast, Fl. 32137</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TAVARES, ROY 4 CHILHAM CT. PALM COAST, FL 32137</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T TAVARES, MARIE 4 CHILHAM CT. PALM COAST, FL 32137</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CASTANHEIRA, NICOLE 24 FALLWOOD LANE PALM COAST, FL 32137</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Castanheira Nicole 8 Ibis Court Palm Coast, Fl. 32137</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 Chapter 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 all other like empowered.					
SIGNATURE: <u>Mari TAVARES</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/7/06</u> <small>Date</small>		<u>386-445-3844</u> <small>Daytime Phone #</small>	