


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000078971	
1. Entity Name CIRCLE C FARMS INCORPORATED	

Principal Place of Business 2134 COUNTY ROAD 753N WEBSTER, FL 33597	Mailing Address 2134 COUNTY ROAD 753N WEBSTER, FL 33597
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 279 Suite, Apt. #, etc.
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City & State Webster, FL	City & State Webster, FL
Zip 33597	Country USA

FILED
06 MAR 10 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT (11/05) 05-680

6. Name and Address of Current Registered Agent TODD, CHARLES 7911 COUNTY ROUTE 714 CENTER HILL, FL 33514-8783	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7911 County Road 714 City Center Hill FL Zip Code 33514
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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: Charles E Todd Charles E Todd President 3/8/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TODD, CHARLES 2134 COUNTY ROAD 753N WEBSTER, FL 33597 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500068109025 03/20/06--01023--017 ***308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST TODD, LUCINDA 2134 COUNTY ROAD 753N WEBSTER, FL 33597 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Charles E Todd Charles E Todd President 3/8/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

K. Eckel MAK 14 2006