

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078971

FILED  
Apr 26, 2008  
Secretary of State

Entity Name: CIRCLE C FARMS INCORPORATED

**Current Principal Place of Business:**

7915 CR714  
CENTER HILL, FL 33514

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1008  
WEBSTER, FL 33597

**New Mailing Address:**

FEI Number: 20-1508237

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TODD, CHARLES  
7915 CR714  
CENTER HILL, FL 33514 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: DP ( ) Delete  
Name: TODD, CHARLES  
Address: 2134 COUNTY ROAD 753N  
City-St-Zip: WEBSTER, FL 33597

Title: VST ( ) Delete  
Name: TODD, LUCINDA  
Address: 2134 COUNTY ROAD 753N  
City-St-Zip: WEBSTER, FL 33597

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 E. TODD

DP

04/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date