


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90265 026 \*\*\*158.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                                                     |                                                                                                                                      |                                                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000097944</b><br>1. Entity Name<br><b>T &amp; C FARMS, CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                     |                                                                                                                                      |  |  |
| Principal Place of Business<br><b>1155 PLATT ROAD<br/>NAPLES, FL 34120</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                                                     | Mailing Address<br><b>1155 PLATT ROAD<br/>NAPLES, FL 34120</b>                                                                       |                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       | 3. Mailing Address<br><b>P.O. Box 2438</b><br>Suite, Apt. #, etc.                   |                                                                                                                                      |                                                                                   |  |
| City & State<br>Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       | City & State<br><b>Immokalee, FL</b><br>Zip<br><b>34143</b>                         |                                                                                                                                      | Country<br><b>USA</b>                                                             |  |
| 4. FEI Number<br><b>42-1635922</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                                                                     |                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                                                                     |                                                                                                                                      | <b>\$8.75 Additional Fee Required</b>                                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CASTILLO, CLARA<br/>1155 PLATT ROAD<br/>NAPLES, FL 34120</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                                                   |  |
| 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<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                      | <b>\$5.00 May Be Added to Fees</b>                                                |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                         |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>P<br/>CASTILLO, CLARA<br/>1155 PLATT ROAD<br/>NAPLES, FL 34120</b> |                                                                                     | <input type="checkbox"/> Delete                                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                       |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                       |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                       |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                       |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                       |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                                                   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. |                                                                       |                                                                                     |                                                                                                                                      |                                                                                   |  |
| <b>SIGNATURE: /C. Castillo</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                                     | <b>4/27/05 (239) 289-3762</b><br><small>Date Daytime Phone #</small>                                                                 |                                                                                   |  |