

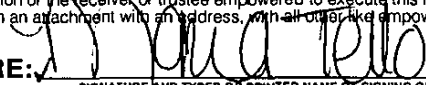


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 AUG -1 AM 9:40

PAID AUGUST 1, 2005  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P04000097944</b> 1. Entity Name <b>T &amp; C FARMS, CORP.</b>					
Principal Place of Business <b>1155 PLATT ROAD NAPLES, FL 34120</b>			Mailing Address <b>PO BOX 2438 IMMOKALEE, FL 34143</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CASTILLO, CLARA</b> <b>1155 PLATT ROAD</b> <b>NAPLES, FL 34120</b>				Name <b>Maria I. Tello</b> Street Address (P.O. Box Number is Not Acceptable) <b>307 East Penn Road</b> City <b>Lehigh Acres</b> <b>FL</b> Zip Code <b>33936</b>	
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 <u>Maria I. Tello, President</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CASTILLO, CLARA 1155 PLATT ROAD NAPLES, FL 34120	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Maria I. Tello P. O. Box 2438 Immokalee, FL 34143-2438	<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	300058478083 08/11/05--01034--008 **70.00	<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
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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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				07/22/05 <b>289-289-3761</b> <small>Date Daytime Phone #</small>	

M. Williams | AUG - 1 2005