

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000144725

Entity Name: L&M C. FARMS, INC.

FILED
Mar 01, 2005
Secretary of State

Current Principal Place of Business:

6101 HWY 524
COOCA, FL 32926

New Principal Place of Business:

Current Mailing Address:

6101 HWY 524
COOCA, FL 32926

New Mailing Address:

FEI Number: 81-0657646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLIGARO, LEO
6101 HWY 524
COOCA, FL 32926 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: D () Delete
Name: CALLIGARO, LEO
Address: 6101 HWY 524
City-St-Zip: COOCA, FL 32926

Title: D () Delete
Name: CALLIGARO, DOMENICO
Address: 6101 HWY 524
City-St-Zip: COOCA, FL 32926

Title: D (X) Delete
Name: CALLIGARO, ANNA
Address: 6101 HWY 524
City-St-Zip: COOCA, FL 32926

Title: D (X) Delete
Name: CALLIGARO, MAURO
Address: 6101 HWY 524
City-St-Zip: COOCA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CALLIGARO, LEO
Address: 518 SUMMERSET CT
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: DVP (X) Change () Addition
Name: CALLIGARO, MAURO
Address: 7513 LINDERHURST DR
City-St-Zip: ORLANDO, FL 32836

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 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 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: LEO CALLIGARO

DP

03/01/2005

Electronic Signature of Signing Officer or Director

_____ Date