

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

04-25-2008 90125 030 ***150.00

DOCUMENT # P07000101568 1. Entity Name K&C FARMS AND FOLIAGE, INC.			
Principal Place of Business 3167 WEST SR 40 ORMOND BEACH, FL 32174		Mailing Address 3167 WEST SR 40 ORMOND BEACH, FL 32174	
2. Principal Place of Business - No P.O. Box # 3167 West SR 40 Suite, Apt. #, etc. Ormond Bch FL City & State 32174		3. Mailing Address Same as above Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 26-0896256		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALABRESE, CHRISTOPHER J 3167 WEST SR 40 ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) N/A City N/A FL 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: <u><i>Christopher J. Calabrese</i></u> DATE: <u>4-21-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 CALABRESE, CHRISTOPHER J 3167 WEST SR 40 ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CALABRESE, KAREN 3167 WEST SR 40 ORMOND BEACH, FL 32174 <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: <u><i>Christopher J. Calabrese</i></u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4-22-08</u> 846-7110 (386) <small>Daytime Phone #</small>	

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