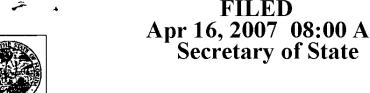
2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P94000086325 C & T DEVELOPMENT, INC. Mailing Address



Principal Place of Business **401 SOUTH SIXTH AVE 401 SOUTH SIXTH AVE** WAUCHULA, FL WAUCHULA, FL 04052007 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 59-3290697 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE COBB, LAVON **401 SOUTH SIXTH AVE** WAUCHULA, FL **IN THIS SPACE** 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) Signature, typed or printed name of registered agent and title if applicableDATE 000000711087 04/25/07-80069-018 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE COBB, LAVON NAME 401 SOUTH SIXTH AVE STREET ADDRESS CITY-ST-7IP WAUCHULA, FL TITLE COBB, LINDA A NAME STREET ADDRESS 401 SOUTH SIXTH AVE CITY-ST-ZIP WAUCHULA, FL TITLE TIMMERMAN, C.N. NAME STREET ADDRESS 410 S. SIXTH AVENUE DO NOT WRITE CITY-ST-ZIP WAUCHULA, FL TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 of 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:

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR