2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000040772								Jan 28, 2004 08:00 AM				
1. Entity Name C & S FARMS, INC.								Secret				
Principal Plac	ce of Busines	ıs.	Mailir	na Address			-	-				
3012 W CA	.PPS		3012	Mailing Address 3012 W CAPPS								
MONTICEL	LO FL 3234	4	MON	ITICELLO FL 323	144							
2. Principal F	Place of Bush	ness	3. Ma	3. Mailing Address			_					
Suite, Apt	. #, etc		Surl	Suite, Apt # etc.				MOORE	CR2E034	(11/03)		
City & Star	te	· · ·	City	City & State			4. 1	FEI Number 59-3508718	,		oplied For	
Zıp	Zip Country		Zıp	Zip Cour		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of	Current Registere	ed Agent	1	T	7. 1	Name and Address of New R				
						Name	-				:	
WERDENBACH AND COMPANY 1560-3 CAPITAL CIRCLE NW TALLAHASSEE FL 32344					Street Address (P.O. Box Number is Not Acceptable)							
										/*		
						City			FL	Zip Cod	e	
8. The above	named entit	ly submits this stat	ement for the purp	ose of changing it	s register	ed office or register	red ag	ent, or both, in the State of Flo	rida. Lam fa		and accept	
the obligations of registered agent.												
SIGNATURE	Signature types	for cripted name of recist	tered agent and tille if app	nicohia (M7	TF Romister	ed Agent signature requires	durbon re	Specialization	DATE			
			 	I (40	TE. Hogisten	ad Agent Signature rectorer	. when it	enstaturig)	DATE	<u>·</u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State							:	Election Campaign Finance Trust Fund Contribution	· -	\$5.0 Added	IO May Be d to Fees	
10.		OFFICE	RS AND DIRECTO)RS	11.		AD	! DITIONS/CHANGES TO OFF!	CERS AND	DIRECTOR	SIN II	
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	L certify that the	e information supp	lied with this filing	does not qualify fo			ection 1	119 07/3Vi) Florida Statutos I	further cort	fu that the h	oformation	
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												
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.												

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: