

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V03872

FILED  
Jul 07, 2006  
Secretary of State

Entity Name: TITAN PEACH FARMS, INC.

**Current Principal Place of Business:**

RT 3 BOX 1315  
HWY 150  
MADISON, FL 32340

**New Principal Place of Business:**

**Current Mailing Address:**

722 OLD PLANK RD  
RIDGE SPRING, SC 29129 US

**New Mailing Address:**

FEI Number: 59-3100411

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHNITKER, KAY S  
103 N HORRY ST  
MADISON, FL 32340 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CARR, CHALMERS S III,  
Address: 722 OLD PLANK RD  
City-St-Zip: RIDGE SPRING, SC 29129

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CARR, CHALMERS R III,  
Address: 722 OLD PLANK RD  
City-St-Zip: RIDGE SPRING, SC 29129

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CHALMERS R. CARR III

PRES

07/07/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date