

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90389 048 ***150.00

DOCUMENT # 303513

1. Entity Name
TOMATO MAN INC



Principal Place of Business

306 E MAIN ST
IMMOKALEE, FL 34142 US

Mailing Address

PO BOX 3266
IMMOKALEE, FL 34143 US



04232004

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-1116806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

O'QUINN, JAMES W
306 E. MAIN ST
IMMOKALEE, FL 34142

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	O'QUINN, JAMES W.
STREET ADDRESS	306 E. MAIN ST
CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	STD
NAME	O'QUINN, APRIL
STREET ADDRESS	306 E. MAIN ST
CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James W. O'Quinn

James W. O'Quinn

4/27/04

(239) 657-5275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #