


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90060 015 \*\*\*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~~

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
**P O Box 1087**  
Suite, Apt. #, etc.

City & State  
**Palmetto, FL**

Zip  
**34220**

Country  
**USA**

01162008 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-1116806**

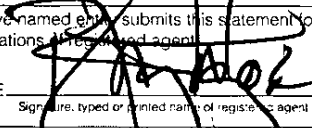
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SCHWARTZ, MICHAEL D  
306 EAST MAIN ST  
IMMOKALEE, FL 34142**

7. Name and Address of New Registered Agent  
Name **Taylor, Jay**  
Street Address (P.O. Box Number is Not Acceptable)  
**601 12th Street West**  
City **Bradenton** **FL** Zip Code **34205**

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 the registered agent.

SIGNATURE  **R. J. Taylor, President** DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ANGRISANI, ED	P. O. BOX 1119	PALMETTO, FL 34220	<input type="checkbox"/>
D	TAYLOR, JOHN	1510 17TH ST. WEST	PALMETTO, FL 34221	<input type="checkbox"/>
D	TAYLOR, JAY	1724 17TH ST. WEST	PALMETTO, FL 34221	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **R. J. Taylor** Date: **1/31/08** Daytime Phone #: **841-729-3662**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR