


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000002108</b> 1. Entity Name <b>WHOLE TOMATO SOFTWARE, INC.</b>	
--	---

Principal Place of Business <b>1733 FESSLER ST ENGLEWOOD FL 34223</b>	Mailing Address <b>1733 FESSLER ST ENGLEWOOD FL 34223</b>
--	--



1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

4. FEI Number <b>77-0466480</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>
<b>POOL, ELIZABETH 1733 FESSLER ST ENGLEWOOD FL 34223</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b>   Zip Code

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS			
TITLE	<table style="width: 100%;"> <tr> <td style="width: 80%;">P</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	P	<input type="checkbox"/> Delete
P	<input type="checkbox"/> Delete		
NAME	STRAATHOF, JEFF		
STREET ADDRESS	P.O. BOX 320086		
CITY- ST- ZIP	LOS GATOS CA 95032		
TITLE	<table style="width: 100%;"> <tr> <td style="width: 80%;">VP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	VP	<input type="checkbox"/> Delete
VP	<input type="checkbox"/> Delete		
NAME	POOL, JERRY		
STREET ADDRESS	1733 FESSLER ST		
CITY- ST- ZIP	ENGLEWOOD FL 34223		
TITLE	<table style="width: 100%;"> <tr> <td style="width: 80%;"> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>		<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE	<table style="width: 100%;"> <tr> <td style="width: 80%;"> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>		<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE	<table style="width: 100%;"> <tr> <td style="width: 80%;"> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>		<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	<table style="width: 100%;"> <tr> <td style="width: 80%;"> </td> <td style="text-align: right;"><input type="checkbox"/> Change</td> <td style="text-align: right;"><input type="checkbox"/> Add</td> </tr> </table>		<input type="checkbox"/> Change	<input type="checkbox"/> Add
	<input type="checkbox"/> Change	<input type="checkbox"/> Add		
NAME				
STREET ADDRESS				
CITY- ST- ZIP				
TITLE	<table style="width: 100%;"> <tr> <td style="width: 80%;"> </td> <td style="text-align: right;"><input type="checkbox"/> Change</td> <td style="text-align: right;"><input type="checkbox"/> Add</td> </tr> </table>		<input type="checkbox"/> Change	<input type="checkbox"/> Add
	<input type="checkbox"/> Change	<input type="checkbox"/> Add		
NAME				
STREET ADDRESS				
CITY- ST- ZIP				
TITLE	<table style="width: 100%;"> <tr> <td style="width: 80%;"> </td> <td style="text-align: right;"><input type="checkbox"/> Change</td> <td style="text-align: right;"><input type="checkbox"/> Add</td> </tr> </table>		<input type="checkbox"/> Change	<input type="checkbox"/> Add
	<input type="checkbox"/> Change	<input type="checkbox"/> Add		
NAME				
STREET ADDRESS				
CITY- ST- ZIP				
TITLE	<table style="width: 100%;"> <tr> <td style="width: 80%;"> </td> <td style="text-align: right;"><input type="checkbox"/> Change</td> <td style="text-align: right;"><input type="checkbox"/> Add</td> </tr> </table>		<input type="checkbox"/> Change	<input type="checkbox"/> Add
	<input type="checkbox"/> Change	<input type="checkbox"/> Add		
NAME				
STREET ADDRESS				
CITY- ST- ZIP				

U00000211394  
02/02/05-90111-025-158.75

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: Elizabeth Pool      1/31/05 941-473-0038  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #