2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # G63383

1. Entity Name
GADSDEN TOMATO COMPANY

Principal Place of Business	Mailing Address
218 N. GRAVES ST. QUINCY, FL 32351 US	P.O. BOX 1018 QUINCY, FL 32353 US

01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2322091
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, GRAVES
218 N. GRAVES ST
QUINCY, FL 32351

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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 _____ 1/6/06
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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAXWELL, WILLIAM
STREET ADDRESS	RT 3, LK TALQUIN RD
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	DS
NAME	SUBER, JOHN W.
STREET ADDRESS	118 EAST KING STREET
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	T
NAME	WILLIAMS, PAUL GRAVES
STREET ADDRESS	121 W CLARK ST.
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	V
NAME	SUBER, HARVEY
STREET ADDRESS	FLETCHER DR
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	D
NAME	COGGINS, EDWARD
STREET ADDRESS	115 SOUTH ST
CITY-ST-ZIP	LAKE PARK, GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/06-80019-009 150.00

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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: _____ 1/5/06 850-875-1077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #