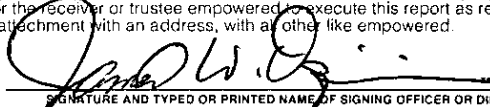


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 303513 1. Entity Name TOMATO MAN INC						FILED 04 OCT 22 AM 9:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
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		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country					
6. Name and Address of Current Registered Agent O'QUINN, JAMES W 306 E. MAIN ST IMMOKALEE, FL 34142				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'QUINN, JAMES W. 306 E. MAIN ST IMMOKALEE, FL 34142 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ed Angrisani PO Box 1119 Palmetto, FL 34220 ☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD O'QUINN, APRIL 306 E. MAIN ST IMMOKALEE, FL 34142 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John Taylor 1510 17th St. West Palmetto, FL 34221 ☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jay Taylor 1724 17th St. West Palmetto, FL 34221 ☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
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: 				10/15/2004				239-657-5275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #				