


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 303513**  
 1. Entity Name  
**TOMATO MAN INC**



Principal Place of Business      Mailing Address  
**306 E MAIN ST**      **PO BOX 3266**  
**IMMOKALEE, FL 34142 US**      **IMMOKALEE, FL 34143 US**

**DO NOT WRITE IN THIS SPACE**



07052007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-1116806</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SCHWARTZ, MICHAEL D**  
**306 EAST 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

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	D ANGRISANI, ED P. O. BOX 1119 PALMETTO, FL 34220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, JOHN 1510 17TH ST. WEST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, JAY 1724 17TH ST. WEST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/10/07-80018-007 550.00

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_