

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 414194

1. Entity Name

WOODY'S TOMATO CORPORATION



Principal Place of Business

3927 US 19 & 41 NORTH
P. O. BOX 962
PALMETTO, FL 34220

Mailing Address

3927 US 19 & 41 NORTH
P. O. BOX 962
PALMETTO, FL 34220

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P. CR2E034 (10/03)

4. FEI Number

59-1427856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TEACHEY, LYNN
905 24TH AVE W
PALMETTO, FL 34221

**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

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, 2004 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
D
TEACHEY, DEAN
3315 21ST ST CT EAST
PALMETTO, FL 34221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
TEACHEY, BOBBIE
905 24TH AVENUE W.
PALMETTO, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
TEACHEY, LYNN
905 24TH AVENUE W.
PALMETTO, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
FORREST, THOMAS
5034 47TH ST WEST
BRADENTON, FL 76

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
TEACHEY, BOBBY G
332 44TH ST CT WEST
PALMETTO, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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01/13/04-80019-003 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas Forrest, VP : Thomas Forrest 1/06/04 (941) 722-7770