


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 414194 1. Entity Name WOODY'S TOMATO CORPORATION	
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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
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**DO NOT WRITE IN THIS SPACE**



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1427856	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent  TEACHEY, LYNN 905 24TH AVE W PALMETTO, FL 34221	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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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01/29/05-80017-012 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Mon Forest</u> <u>VP Thomas Forrest</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1-26-05</u> <small>Date</small>	Daytime Phone # <u>941-722-7773</u> <small>Daytime Phone #</small>
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