

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90027 012 \*\*\*150.00

**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

40003200



01182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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, 2008 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  
TD  
TEACHEY, DEAN  
3315 21ST ST CT EAST  
PALMETTO, FL 34221

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
TEACHEY, BOBBIE  
905 24TH AVENUE W.  
PALMETTO, FL 34221

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
TEACHEY, LYNN  
905 24TH AVENUE W.  
PALMETTO, FL 34221

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
FORREST, THOMAS  
5034 47TH ST WEST  
BRADENTON, FL 34210

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
TEACHEY, BOBBY G  
332 44TH ST CT WEST  
PALMETTO, FL 34221

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 #

*Thomas Forrest, Pres* *Thomas Forrest* 3/25/08 (941) 722-7773