

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 438386

1. Entity Name
WEST COAST TOMATO, INC.



Principal Place of Business
502 6TH AVE W
PALMETTO, FL 34221 US

Mailing Address
P.O. BOX 936
PALMETTO, FL 34220 US



04082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1498535

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DURYEA, DUANE E.
502 6TH 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, 2005 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
PTD
MCCLURE, DANIEL P.
4820 RIVERVIEW BLVD. W
BRADENTON, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
MCCLURE, CORRINE
4820 RIVERVIEW BLVD. W
BRADENTON, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
DURYEA, DUANE
4403 24TH AVE E
PALMETTO, FL 34221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
MCCLURE, DANIEL C
502 6TH AVE W
PALMETTO, FL 34221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
SPENCER, ROBERT N
4820 RIVERVIEW BLVD W
BRADENTON, FL 34209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

- U000000301062
04/13/05-80016-020 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/05 (941) 722-4545
Date Daytime Phone #