2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# 438386

Entity Name: WEST COAST TOMATO, INC.

Current Principal Place of Business:

502 6TH AVE W
PALMETTO, FL 34221 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 936
PALMETTO, FL 34220 US

New Mailing Address:

FEI Number: 59-1498535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DURYEA, DUANE E.
502 6TH AVE. W
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SPENCER, MARY A
Address: 4820 RIVERVIEW BLVD. W
City-St-Zip: BRADENTON, FL 34209

Title: DP ( ) Delete
Name: MCCLURE, CORRINE A
Address: 4820 RIVERVIEW BLVD. W
City-St-Zip: BRADENTON, FL 34209

Title: DST ( ) Delete
Name: DURYEA, DUANE
Address: 4403 24TH AVE E
City-St-Zip: PALMETTO, FL 34221

Title: DV ( ) Delete
Name: MCCLURE, DANIEL C
Address: 502 6TH AVE W
City-St-Zip: PALMETTO, FL 34221

Title: DV ( ) Delete
Name: SPENCER, ROBERT N
Address: 4820 RIVERVIEW BLVD W
City-St-Zip: BRADENTON, FL 34209

Title: DV ( ) Delete
Name: MCCLURE, SCOTT L
Address: 1215 51ST ST W
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MCCLURE, SCOTT L
Address: 1215 51ST ST W
City-St-Zip: BRADENTON, FL 34209

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUANE DURYEA T 04/16/2008

Electronic Signature of Signing Officer or Director Date