2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # 478048

1. Entity Name
COASTAL TOMATO GROWERS, INC.

Principal Place of Business	Mailing Address
465 DOGWOOD DRIVE HAVANA, FL 32333 US	465 DOGWOOD DRIVE HAVANA, FL 32333 US

02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1605709

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POKLEMBA, STEPHEN A.
485 DOGWOOD DRIVE
HAVANA, FL 32333

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000921004
02/19/08-80006-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MANLEY, J. KENT
STREET ADDRESS	4301 GULF SHORE DRIVE, APT # 1004
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	VPD
NAME	GARGIULO, JEFFREY
STREET ADDRESS	575 OAKVELLE CROSS ROAD
CITY-ST-ZIP	NAPA, CA 94558
TITLE	STD
NAME	POKLENBA, STEPHEN A
STREET ADDRESS	465 DOGWOOD DRIVE
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	D
NAME	TANNER, GLYNDA
STREET ADDRESS	5653 SW CR 751
CITY-ST-ZIP	JASPER, FL 32502
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2/06/08 850-539-3663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #