2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# 478048

Entity Name: COASTAL TOMATO GROWERS, INC.

Current Principal Place of Business:

465 DOGWOOD DRIVE
HAVANA, FL 32333 US

New Principal Place of Business:

Current Mailing Address:

465 DOGWOOD DRIVE
HAVANA, FL 32333 US

New Mailing Address:

FEI Number: 59-1605709 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POKLEMBA, STEPHEN A.
465 DOGWOOD DRIVE
HAVANA, FL 32333 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: PD ( ) Delete
Name: MANLEY, J. KENT
Address: 4301 GULF SHORE DRIVE, APT # 1004
City-St-Zip: NAPLES, FL 34103 US

Title: VPD ( ) Delete
Name: GARGIULO, JEFFREY
Address: 575 OAKVELLE CROSS ROAD
City-St-Zip: NAPA, CA 94558 US

Title: STD ( ) Delete
Name: POKLENBA, STEPHEN A
Address: 465 DOGWOOD DRIVE
City-St-Zip: HAVANA, FL 32333 US

Title: D ( ) Delete
Name: TANNER, GLYNDA
Address: 5653 SW CR 751
City-St-Zip: JASPER, FL 32502 US

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:

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: STEPHEN A. POKLEMBA STD 04/24/2009

Electronic Signature of Signing Officer or Director — Date