2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 791043

FILED Jan 11, 2008 Secretary of State

Entity Name: FLORIDA TOMATO EXCHANGE

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
	ALGAR COUR	Т		
SUITE 300 MAITLANE) D, FL 32751	US		
Current Mailing Address:		New Maili	New Mailing Address:	
	ALGAR COUR	Т		
SUITE 300 MAITLANE) D, FL 32751	US		
FEI Number:	: 59-1564849	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:
800 TRAF SUITE 300				
	D, FL 32751 U			
	e named entity s e of Florida.	submits this statement for the	purpose of changing i	ts registered office or registered agent, or both,
SIGNATUF	RE:			
	Electron	ic Signature of Registered Ag	ent	Date
OFFICED	S AND DIREC	TORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS
OI I ICEN			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CONANGEO TO OTT TOLIKO AND DIRECTOR
Title: Name: Address: City-St-Zip:	D () DIMARE, TONY P.O. BOX 967 RUSKIN, FL 33		Title: Name: Address: City-St-Zip:	()Change()Addition
Title: Name: Address:	DIMARE, TONY P.O. BOX 967 RUSKIN, FL 33	8575 US Delete	Title: Name: Address:	() Change () Addition VD (X) Change () Addition SPENCER, BOB P.O. BOX 936
Title: Name: Address: City-St-Zip: Title: Name: Address:	DIMARE, TONY P.O. BOX 967 RUSKIN, FL 33 VD () NEILL, DAVID P.O. BOX 2547 FT. PIERCE, FL	B575 US Delete 34954 US Delete	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition VD (X) Change () Addition SPENCER, BOB P.O. BOX 936
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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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REGINALD L. BROWN EVP 01/11/2008