


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90120 021 \*\*\*150.00

<b>DOCUMENT # F01000001656</b>	
1. Entity Name CROP DATA MANAGEMENT SYSTEMS, INC.	

Principal Place of Business 423 FOURTH STREET, 7TH FLOOR MARYSVILLE, CA 95901	Mailing Address 423 FOURTH STREET, 7TH FLOOR MARYSVILLE, CA 95901
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DO NOT WRITE IN THIS SPACE



01282005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>68-0030162</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**TED HOLMES**  
**3629 4TH AVE NE**  
**BRADENTON FL 34208**

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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 *Ted Holmes* **3-21-05**  
Signature, typed or printed name of registered agent and address if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT NASO, VINCENT W 423 FOURTH STREET, 7TH FLOOR MARYSVILLE, CA 95901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAIG, JAMES A 423 FOURTH STREET, 7TH FLOOR MARYSVILLE, CA 95901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REIMERS, HENRY J 441 COLUSA AVENUE YUBA CITY, CA 95991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <del>DEBRA</del> NASO 423 FOURTH ST, 7TH FL MARYSVILLE CA 95901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAGILL, ELISABETH 423 FOURTH STREET, 7TH FLOOR MARYSVILLE, CA 95901

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Vincent Naso* **VINCENT NASO - CoB 3-29-05** **530-743-7605**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #