

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G63383

FILED
Jan 10, 2007
Secretary of State

Entity Name: GADSDEN TOMATO COMPANY

Current Principal Place of Business:

218 N. GRAVES ST.
QUINCY, FL 32351 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1018
QUINCY, FL 32353 US

New Mailing Address:

FEI Number: 59-2322091 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, GRAVES
218 N. GRAVES ST
QUINCY, FL 32351 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: P () Delete
Name: MAXWELL, WILLIAM,
Address: RT 3, LK TALQUIN RD
City-St-Zip: QUINCY, FL 32351

Title: DS () Delete
Name: SUBER, JOHN W.,
Address: 118 EAST KING STREET
City-St-Zip: QUINCY, FL 32351

Title: T () Delete
Name: WILLIAMS, PAUL GRAVE, S
Address: 121 W CLARK ST.
City-St-Zip: QUINCY, FL 32351

Title: V () Delete
Name: SUBER, HARVEY
Address: FLETCHER DR
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: COGGINS, EDWARD
Address: 115 SOUTH ST
City-St-Zip: LAKE PARK, GA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAXWELL, WILLIAM,
Address: PO BOX 349
City-St-Zip: QUINCY, FL 32353

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

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

Title: V (X) Change () Addition
Name: SUBER, HARVEY
Address: PO BOX 205
City-St-Zip: QUINCY, FL 32353

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL GRAVES WILLIAMS

T

01/10/2007

Electronic Signature of Signing Officer or Director

_____ Date