2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# G93881

Entity Name: TOMATO GROWERS SUPPLY COMPANY

Current Principal Place of Business:

12165 METRO PKWY
14
FT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 720
FORT MYERS, FL 33902 US

New Mailing Address:

PO BOX 60015
FORT MYERS, FL 33906 US

FEI Number: 59-2392902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAPP, VINCENT D.
2069 FIRST STREET
SUITE 206
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

SAPP, LINDA S.
6821 BROKEN ARROW RD
FORT MYERS, FL 33912 US

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: LINDA S SAPP 01/16/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SAPP, VINCENT D
Address: 6821 BROKEN ARROW RD
City-St-Zip: FT MYERS, FL 33912

Title: P (X) Delete
Name: SAPP, LINDA S
Address: 6821 BROKEN ARROW RD
City-St-Zip: FT MYERS, FL 33912

Title: VST (X) Delete
Name: SAPP, VINCENT D
Address: 6821 BROKEN ARROW RD
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: SAPP, LINDA S
Address: 6821 BROKEN ARROW RD
City-St-Zip: FT MYERS, FL 33912

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 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: LINDA S SAPP P 01/16/2007
Electronic Signature of Signing Officer or Director Date