## 2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # J72452 1. Entity Name TODD'S QUALITY TOMATOES, INC. Principal Place of Business 413 W 13TH ST SANFORD, FL 32771 Author 1707 DAYTONA BCH SHORES, FL 32118 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

FILED Jan 12, 2007 08:00 AM Secretary of State



01092007	No Chg-P	CR2E034 (1	CR2E034 (11/05)	
4. FEI Number			Applied For	

				59-262	22040	Not Applicable		
				5. Certificate	of Status Desired	S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent								
MILLER, WILLIAM P. 2255 S ATLANTIC AVE UNIT 1707 DAYTONA BCH SHORE, FL 32118		DO NOT WRITE IN THIS SPACE						
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered			ad Agent signature required when reinstating) DATE					
FILE NOWI!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.			\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, WILLIAM P 2555 S. ATLANTIC AVENUE, UNIT 17 DAYTONA BCH SHORE, FL 32118	07			ህስብበስናም	04000		
NAME STREET ADDRESS CITY-ST-ZIP	TSVP MILLER, DIRK W 923 CRITTENDEN AVE ORANGE CITY, FL 32763			1/00000584333 01/12/07-80033-014 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WI	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SP	ACE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby of	certify that the information supplied with this fill on this report or supplemental report is true a	ing does not qualify for the ex	cemptions con	tained in Chapter 11	9, Florida Statutes, I fu	urther certify that the information		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attachine with an address, with all other like empowered.

SIGNATURE:

BIGNATURE AND TYPEN OR BRINTED NAME OF BIGNING OFFICER OR DIRECTOR

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407-321-4476

Daytime Phone #