## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # J72452

1. Entity Name

TODD'S QUALITY TOMATOES, INC.



FILED Jan 22, 2008 08:00 A Secretary of State

Principal Place of Business

413 W 13TH ST SANFORD, FL 32771 Mailing Address

2555 S ATLANTIC AVE UNIT 1707

DAYTONA BCH SHORES, FL 32118



CR2E034 (11/05) -

Fee Required

DO NOT WRITE IN THIS SPACE

01112008

4. FEI Number		Applied For	
59-2822848		Not Applicate	le
5. Certificate of Status	Desired	\$8.75 Additional	_

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

No Chg-P

the obligat	tions of registered agent.	surpose of changing its registe	red office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	I applicable. (NOTE Registe	red Agent signature required when reinstating)	DATE
	FILE NOW!!! FEE IS \$150.00 9: Election Campaign Financing - \$5.00 May Be - Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, WILLIAM P 2555 S. ATLANTIC AVENUE, UNIT 17 DAYTONA BCH SHORE, FL 32118	07		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSVP MILLER, DIRK W 923 CRITTENDEN AVE ORANGE CITY, FL 32763			U00000790404 01/23/08-80032-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			٠.	
TITLE NAME STREET ADDRESS CITY+ST-ZIP				•

12. I hereby certify that the information supplied with this filling 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 attachment without address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1/17/08

40.321-4476

Daytime Phone #