

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90007 024 ***150.00

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1. Entity Name
NORTH FLORIDA TOMATOES, INC.



Principal Place of Business
925 5 AVE W
PALMETTO, FL 34221 US

Mailing Address
P.O. BOX 1087
PALMETTO, FL 34220 US

DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0172694

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRISON, THOMAS W.
1206 MANATEE AVE W
BRADENTON, FL 34205

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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 Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ANGRISANI, EDWARD R.
STREET ADDRESS 1619 - 43RD DR. WEST
CITY-ST-ZIP PALMETTO, FL

TITLE VP
NAME MONETTE, WILLIAM M
STREET ADDRESS 932 5TH AVE W
CITY-ST-ZIP PALMETTO, FL

TITLE D
NAME TAYLOR, JOHN M.
STREET ADDRESS 1510 - 17TH ST.
CITY-ST-ZIP PALMETTO, FL

TITLE D
NAME TAYLOR, R. JAY
STREET ADDRESS 1713 - 17TH ST.
CITY-ST-ZIP PALMETTO, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #