2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N37643



FILED Apr 12, 2004 8:00 am Secretary of State

1. Entity Nam GADSDEI INC.	N COUN	TY TOMATO GRO	OWERS	ASSOCIATIO	N,			04-12-20	04 90305 (015 ****	61.25	
Principal Place of Business 2140 W. JEFFERSON ST. QUINCY, FL 32351 US		Mailing Address 2140 W JEFFERSON STREET QUINCY, FL 32351 US					1 20070 0 7771 07700 0	ns digni digni grani i	rion. Rion. Biori	171 O. UKO		
2. Principal Place of Business		3. Mail	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			020	142004 (hg-NP	CR2E037	(10/03)			
City & State		Cit	y & State		4. FEI Number 59-2901686				Applied For Not Applicable			
Zip	Zip Country			Zip Cou			5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent						
HENRY, GRANT 2140 W. JEFFERSON STREET QUINCY, FL 32351					Name Street Address (P.O. Box Number is Not Acceptable)							
						•			,			
					City				FL	Zip Code		
	e named entity tions of registe	v submits this statement ered agent.	for the purp	ose of changing its i	registered office o	registered age	ent, or both, i	n the State of F	korida. Iam ta	hillar with, a	and accept	
SIGNATORE.	Signature, typed	or printed name of registered age	nt and title if app	sicable. (NOTE:	: Registered Agent signal	ure required when re	instating)		DATE			
SIGNATURE	Filing Fe	or printed name of registered age e is \$61.25 lay 1, 2004	nt and title if app	9. Election Cam	Registered Agent signat apaign Financing ontribution.	\$5.0 Added	00 May Be	Fig	Make check porte	nent of St	ate ,	
10.	Filing Fe Due by M	e is \$61.25	4.	9. Election Carn Trust Fund C	paign Financing ontribution.	\$5.0 Added	00 May Be	Fig	Make check orida Departn ERS AND DIRE	CTORS IN	ate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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.

104 (850) 875-7255 Henry G. Grant SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF S