2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003227

FILED Jan 05, 2009 Secretary of State

Entity Name: THE QUINCY TOMATO GROWERS EXCHANGE, INC.

Current Principal Place of Business:			New Principal	New Principal Place of Business:	
	ALGAR CT.				
STE. 200 MAITI AND), FL 32751				
Current Mailing Address:			New Mailing A	New Mailing Address:	
PO BOX 9			J		
FEI Number:	59-3605079	FEI Number Applied For()	FEI Number Not Applicable	e () Certificate of Status Desired ()	
Name and	Address of 0	Current Registered Agent:	Name and Add	lress of New Registered Agent:	
RAULERSON, DANNY 800 TRAFALGAR COURT, SUITE 200 MAITLAND, FL 32751 US			800 TRAFALGA	AERTS, MICHAEL 800 TRAFALGAR COURT, SUITE 200 MAITLAND, FL 32751 US	
	named entity e of Florida.	submits this statement for the pu	rpose of changing its re	gistered office or registered agent, or both,	
SIGNATUF	RE: MICHAE	L AERTS		01/05/2009	
		nic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	•) Delete HAM, RICHARD B D, FL 32330	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MANLEY, KEN 14200 BONITA) Delete T III \(\text{BEACH RD SE}\) \(\text{IGS, FL 34135}\)	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (MURRAY, DAL 3654 FACEVIL BAINBRIDGE,	LE HWY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (SMITH, THOM, 9540 FLAT CR QUINCY, FL 3	EEK ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (MAXWELL, W 218 N GRAVES QUINCY, FL 3	S ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (OSBORNE, MI 15000 OLD 41 NAPLES, FL 3	NORTH	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL AERTS MGR 01/05/2009