
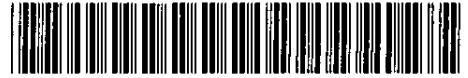


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000028216 1. Entity Name CAR-SWELL TOMATO SALES, INC.																													
Principal Place of Business 551 103RD AVE NAPLES PARK FL 34108 US		Mailing Address 551 103RD AVENUE NAPLES PARK FL 34108 US																											
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0493260 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E034 (10/07)																											
6. Name and Address of Current Registered Agent CARSWELL, SAMUEL A JR 551 103RD AVENUE NAPLES FL 34108			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and the legal name. (NOTE: Registered Agent signature required when changing office)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">VPST</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CARSWELL, SAMUEL A JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>551 103RD AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES PARK FL</td> <td></td> </tr> </table>			TITLE	VPST	<input type="checkbox"/> Delete	NAME	CARSWELL, SAMUEL A JR		STREET ADDRESS	551 103RD AVE		CITY-ST-ZIP	NAPLES PARK FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VPST	<input type="checkbox"/> Delete																											
NAME	CARSWELL, SAMUEL A JR																												
STREET ADDRESS	551 103RD AVE																												
CITY-ST-ZIP	NAPLES PARK FL																												
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

1-23-08

SIGNATURE *Samuel A. Carswell Jr* **SAMUEL A. CARSWELL JR** 239-598-2978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR