2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2006 8:00 am Secretary of State

ANNUAL REPORT					Secretary or State			
DOCUMENT # P97000070869					05-03-2006	90252 015 ***15	0.00	
1. Entity Name FANCY TOMATO, INC.								
Driver of Dise	1 Duni	Mailing Address			6003	5036		
Principal Place of Business		Mailing Address 55 CLAYTON LANE						
55 CLAYTON LANE Grayton Beach, Fl. 32459		GRAYTON BEACH, FL 32459				1.		
	•				II IEBN BEIN BRII BUI	 	IST II (ST)	
2. Principal Place of Business 3.		3. Mailing Address						
					III EBBAI BBIII BBIII BBIII	I BRETI IKATI ABIRI IKTIR BITIN IBI	EFEL II IEEI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252006	Chg-P	CR2E034 (11/05)		
City & State		City & State		4. FEI Number			plied For	
Zip Country		Zip Country		59-34829	9/1		t Applicable	
Ζ ιμ	Country	Σιρ	Country	5. Certificate of	Status Desired	□ \$8.75 Add Fee Required		
	6. Name and Address of Current F	Registered Agent		7. Name and A	dress of New R	egistered Agent		
BRUCE, M TODD ESQ			Nampra	d Conals	chan	CPA Inc	<u>-</u> _	
215 GRAN	ID BLVD.		Street Addr	ress (P.O. Box Number i		Circle #	15	
SUITE 101 MIRAMAR BEACH, FL 32550				of was c	aray from	Choic 7	<u></u>	
City C / P / PI ZipSode								
8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Jam familiar with, and accept								
the obligations of registered agent.								
SIGNATURE WOOD / MAN BYAD (MON/OD-N 7/50/66								
	Signature, typed or printed narrocol registery about a	ind little if applicable. (NOTE:	Registered Agent signature r	required when reinstating)		OKIE		
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.				\$5.00 May Be				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$ Trust Fund Contribution.				Added to Fees				
10. OFFICERS AND DIRE		DIRECTORS	11,	ADDITIONS/CI	HANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE	P	☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS	ALLEY, DOUGLAS 318 MAGNOLIA CREEK ROAD		NAME Street address					
CITY-ST-ZIP	SANTA ROSA BEACH, FL 3245	9	CITY-ST-ZIP					
TITLE	S	☐ Delete	TITLE			☐ Change	Addition	
NAME	ALLEY, PATRICIA		NAME					
STREET ADDRESS CITY-ST-ZIP	318 MAGNOLIA CREEK ROAD SANTA ROSA BEACH, FL 3245	n	STREET ADDRESS City-St-Zip					
TITLE	SANTA ROSA BEACH, FE 3243	Delete	TIFLE	.		Change	Addition	
NAME		LI Ocicie	NAME			C. Change		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP		,			
TITLE		Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS			NAME Street address					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	······································		☐ Change	Addition	
NAME			NAME					
STREET ADDRESS	1		STREET ADDRESS					

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 utsize employered 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 attasbment with an address, writh all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

REAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Date | 25-0072

☐ Change

Addition