

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V27527</b>	
1. Entity Name <b>QUINCY TOMATO CORPORATION</b>	
Principal Place of Business <b>1521 W. WASHINGTON ST. QUINCY, FL 32351</b>	Mailing Address <b>P.O. BOX 1018 QUINCY, FL 32353</b>



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3116213</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WILLIAMS, PAUL G 121 W CLARK ST QUINCY, FL 32351</b>
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**DO NOT WRITE  
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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-STATE-ZIP	PD GRANT, BILLY DON 1521 W. WASHINGTON QUINCY, FL 32353
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VTD SUBER, JOHN W. 1521 W. WASHINGTON QUINCY, FL 32353
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD SUBER, W. HARVEY 215 W. JEFFERSON QUINCY, FL 32353
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DV WILLIAMS, GRAVES 121 WEST CLARK STREET QUINCY, FL 32353
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

100000379333  
01/10/06-80019-010 150.00

**DO NOT WRITE  
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

1/5/06 850-875-1077  
Date Daytime Phone #