2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# V27527

Entity Name: QUINCY TOMATO CORPORATION

Current Principal Place of Business:

1521 W. WASHINGTON ST.
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 1018
QUINCY, FL 32353

New Mailing Address:

FEI Number: 59-3116213 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, PAUL G
121 W CLARK ST
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GRANT, BILLY DON,
Address: 1521 W. WASHINGTON
City-St-Zip: QUINCY, FL 32353

Title: VTD ( ) Delete
Name: SUBER, JOHN W.,
Address: 1521 W. WASHINGTON
City-St-Zip: QUINCY, FL 32353

Title: SD ( ) Delete
Name: SUBER, W. HARVEY,
Address: 215 W. JEFFERSON
City-St-Zip: QUINCY, FL 32353

Title: DV ( ) Delete
Name: WILLIAMS, GRAVES,
Address: 121 WEST CLARK STREET
City-St-Zip: QUINCY, FL 32353

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRAVES WILLIAMS D 01/10/2007

Electronic Signature of Signing Officer or Director — Date