## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P05000116265**

1. Entity Name

SIGNATURE:

BOARD ROOM CIGARS AND FINE TOBACCOS, INC.



FILED Apr 02, 2007 8:00 am Secretary of State

04-02-2007 90062 025 \*\*\*150.00

						100					
Principal Place	of Busines:	s	Mailing Address				_				
928 WEST BRANDON BOULEVARD BRANDON, FL 33511				928 WEST BRANDON BOULEVARD Brandon, FL 33511				i 2012) 2010 PSIN SSIN P	OPON HOUSE (FÖLG) ÖNLI	18 KIT IN RIJAH A	ELICOPA DA ESONA
2. Principal Pl	ace of Busin	3. Mailing	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03302007	Chg-P	CR2E03	34 (12/06)		
City & State			City & S	City & State			4. FEI Numb 20-334				oplied For ot Applicable
Zip		Country	Zip		Coun	try	5. Certificate	e of Status Desired		8.75 Ad ee Require	
	6. Name	and Address of Current	Registered /	Agent			7. Name and	d Address of New	Registered A	gent	
CAMPBELL, TIMOTHY F 500 SOUTH FLORIDA AVENUE						Name Street Addr	ess (P.O. Box Numb	er is Not Acceptab	ole)		
800 LAKELAND, FL 33801							<del></del>				
	•					City			FL	Zip Cox	le
	named entit ons of regist	y submits this statement f tered agent.	or the purpose	of changing its	s registere	ed office or re	gistered agent, or bo	oth, in the State of F		amiliar with	, and accept
	Signature, typed	or printed name of registered agen	t and title if applica	ole (NOT	E Registere	d Agent signature r	equired when reinstating)		DATE		
		FEE IS \$150.00 7 Fee will be \$550		Election Campa Trust Fund Cont		ncing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRECTORS						ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	928 WES	H, TIMOTHY D T BRANDON BOULEV N, FL 33511	/ARD	☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CFTY-ST-ZIP		NNETH I T BRANDON BOULEV N, FL 33511	/ARD	☐ Defete		i				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	928 WES	TH, MARY T BRANDON BOULEV N, FL 33511	/ARD	Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		EEN T BRANDON BOULE\ N, FL 33511	/ARD	Delete	1	I .				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delele		I .				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	1					☐ Change	☐ Addition
12. I hereby of indicated of the correctanged,	certify that the on this repo poration or to or on an att	ne information supplied wi ort or supplemental report the eceiver or trustee em act ment with an address	th this filing di is true and ac powered to ex , with all other	pes not qualify to curate and that ecute this repor like impowered	or the ex- my signa t as requi	emptions conture shall have fred by Chapte	tained in Chapter 1 e the same legal effe er 607, Florida Statu	9, Florida Statutes ect as if made unde tes; and that my na	. I further cert er oath; that I a me appears in	ify that the im an office in Block 10 o	information or director or Block 11 if

KENNETH FOX