

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90267 002 ***150.00

DOCUMENT # P93000033598

1. Entity Name

CIGAR CITY PROPERTIES INC.



Principal Place of Business

**8490 W. HILLSBOROUGH AVE. #121
 TAMPA FL 33615**

Mailing Address

**8490 W. HILLSBOROUGH AVE. #121
 TAMPA FL 33615**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

4133 SACTWATER BLVD

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

Country

33615

USA

4. FEI Number

59-3182057

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**UMSTED, HUGH C
 THE ROUNDHOUSE
 10314 LITTLE ROAD
 NEW PORT RICHEY FL 34654**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: **P** Delete
 NAME: **SCHILLER, ERIC F**
 STREET ADDRESS: **8490 W HILLSBOROUGH AVE #121**
 CITY-ST-ZIP: **TAMPA FL**

TITLE: **VP** Delete
 NAME: **SCHILLER, SHERE**
 STREET ADDRESS: **8490 W HILLSBOROUGH AVE #121**
 CITY-ST-ZIP: **TAMPA FL**

TITLE: Delete
 NAME:
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TITLE: Delete
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 STREET ADDRESS:
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
 NAME:
 STREET ADDRESS: **4133 SACTWATER BLVD**
 CITY-ST-ZIP: **TAMPA, FL. 33615**

TITLE: Change Addition
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 STREET ADDRESS: **4133 SACTWATER BLVD**
 CITY-ST-ZIP: **TAMPA, FL. 33615**

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 STREET ADDRESS:
 CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerers.

SIGNATURE:

Eric F. Schiller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04
 Date

813-884-8109
 Daytime Phone #