

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006764

**FILED**  
**Feb 05, 2013**  
**Secretary of State**  
**CC2930526463**

**Entity Name:** OPERATION: CIGARS FOR WARRIORS, INC.

**Current Principal Place of Business:**

115 DAISY ST.  
INGLIS, FL 34449

**Current Mailing Address:**

115 DAISY ST.  
INGLIS, FL 34449

**FEI Number: 80-0819684**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

EDMUNDSON, BENJAMIN  
115 DAISY ST.  
INGLIS, FL 34449 US

*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

**Officer/Director Detail :**

Title            D/C  
Name            BOEN, J. T. STORM  
Address        4805 55TH ST.  
City-State-Zip: LUBBOCK TX 79414

Title            D/S  
Name            DIBENEDETTO, ALAINE  
Address        5336 HOUSTON DR  
City-State-Zip: BATON ROUGE LA 70809

Title            D/T  
Name            EDMUNDSON, BENJAMIN F  
Address        115 DAISY ST.  
City-State-Zip: INGLIS FL 34449

Title            D  
Name            COOL, MATTHEW  
Address        1408 STARKEY  
City-State-Zip: AGUSTA KS 67010

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BENJAMIN F EDMUNDSON**

**TREASURER**

**02/05/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date