

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 185197

FILED
Feb 09, 2005
Secretary of State

Entity Name: MADISON COUNTY TOBACCO WAREHOUSE INC

Current Principal Place of Business:

105 S DUVAL ST
P O DRAWER 771
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

105 S DUVAL ST
P O DRAWER 771
MADISON, FL 32340

New Mailing Address:

FEI Number: 59-1284700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD, JOYCE E
105 S DUVAL ST
MADISON, FL 32340 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: DP () Delete
Name: RAGANS, PAUL,
Address: ROUTE 2
City-St-Zip: MADISON, FL

Title: DV () Delete
Name: HENDERSON, ALVIN,
Address: SR 255 NORTH
City-St-Zip: LEE, FL

Title: S () Delete
Name: ROWE JR, RANDELL,
Address: 207 SE SHELBY ST.
City-St-Zip: MADISON, FL

Title: D () Delete
Name: WEBB, JOHN C
Address: SR 255 S
City-St-Zip: LEE, FL 32059

Title: D () Delete
Name: ANDREWS, L, ROBERT,
Address: US 90 EAST
City-St-Zip: MADISON, FL

Title: T () Delete
Name: HOWARD, JOYCE E.
Address: P.O. BOX 995 N/A
City-St-Zip: MADISON, FL 32341

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:

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 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 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: JOYCE E HOWARD

T

02/09/2005

Electronic Signature of Signing Officer or Director

_____ Date