


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90071 026 ***150.00

DOCUMENT # 185197

1. Entity Name
MADISON COUNTY TOBACCO WAREHOUSE INC



Principal Place of Business Mailing Address

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

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P O DRAWER 771
MADISON, FL 32340

2. Principal Place of Business 3. Mailing Address

161 S Duval Ave

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

Madison

Zip Country Zip Country

32340 *Madison*

4000



03092006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

HOWARD, JOYCE E
105 S DUVAL-ST
MADISON, FL 32340

4. FEI Number Applied For

59-1284700 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

161 S Duval Ave

Madison FL Zip Code *32340*

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	RAGANS, PAUL	
STREET ADDRESS	ROUTE 2	
CITY-ST-ZIP	MADISON, FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HENDERSON, ALVIN	
STREET ADDRESS	SR 255 NORTH	
CITY-ST-ZIP	LEE, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROWE JR, RANDELL	
STREET ADDRESS	207 SE SHELBY ST.	
CITY-ST-ZIP	MADISON, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBB, JOHN C	
STREET ADDRESS	SR 255 S	
CITY-ST-ZIP	LEE, FL 32059	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDREWS, L. ROBERT	
STREET ADDRESS	US 90 EAST	
CITY-ST-ZIP	MADISON, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOWARD, JOYCE E.	
STREET ADDRESS	P.O. BOX 995 N/A	
CITY-ST-ZIP	MADISON, FL 32341	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.

SIGNATURE: *Joyce E Howard* Date: *3-9-06* Daytime Phone #: *850973-4191*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joyce E Howard