## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 219747**

Entity Name: J. C. NEWMAN CIGAR CO.

FILED Mar 30, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
2701 16TH TAMPA, F	HST. L 336052616			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
P.O. BOX TAMPA, F				
FEI Number	: 59-0884171 FEI Number Applied	f For ( ) FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of Current Registered	Agent: Name and Address	of New Registered Agent:	
NEWMAN 2701 16TH TAMPA, F	Í ST			
	e named entity submits this stateme e of Florida.	ent for the purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Reg	istered Agent	Date	
Election Ca	mpaign Financing Trust Fund Contribut	tion ( ).		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( ) Delete NEWMAN, ERIC, 401 ROYAL POINCIANA DR TAMPA, FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CD () Delete NEWMAN,S J, 3435 BAYSHORE BLVD #800N TAMPA, FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD ( ) Delete NEWMAN, ROBERT, 3102 BEACH DR. TAMPA, FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () Delete COXBILL, SHIRA D 4829 W FLAMINGO ROAD TAMPA, FL 33611	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: SHIRA COXBILL ST 03/30/2005