## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 219747** 

Entity Name: J. C. NEWMAN CIGAR CO.

FILED Apr 23, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2701 16TH ST. TAMPA, FL 336052616							
Current Mailing Address:				New Mailing Address:			
P.O. BOX 2030 TAMPA, FL 33601							
FEI Number: 59-0884171 FEI Number Applied For ( ) FEI Num			El Numb	mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
NEWMAN,S J 2701 16TH ST TAMPA, FL US				NEWMAN, ERIC 2701 16TH ST TAMPA, FL 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: ERIC NEWMAN				04/23/2007			
Electronic Signature of Registered Agent						Date	
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () [ NEWMAN, ERIC, 401 ROYAL POI TAMPA, FL		1	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	CD ()[ NEWMAN,S J, 3435 BAYSHORI TAMPA, FL	Delete E BLVD #800N	1	Title: Name: Address: City-St-Zip:	VD (X NEWMAN, ROI 3102 BEACH D TAMPA, FL		
Title: Name: Address: City-St-Zip:	VD () I NEWMAN, ROBE 3102 BEACH DR TAMPA, FL	•	1	Title: Name: Address: City-St-Zip:	ST (X MARTIN, SHIR 18916 15TH PI LUTZ, FL 3354	LACE SW	
Title: Name: Address: City-St-Zip:	ST () I MARTIN, SHIRA 18916 15TH PLA LUTZ, FL 33548	CE SW	1	Title: Name: Address: City-St-Zip:	O (X BUECHEL, WA 3068 MAGNOL EDGEWOOD,	IA CT	
Title: Name: Address: City-St-Zip:	1()	Delete	1	Title: Name: Address: City-St-Zip:	DOLAK, RICHA 473 BATH CLU		
Title: Name: Address: City-St-Zip:	1()	Delete	1	Title: Name: Address: City-St-Zip:	O ( LEWIS, SCOT 7111 BUCKS F RIVERVIEW, F	FORD DR	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 MARTIN ST 04/23/2007