

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 219747

FILED
Apr 27, 2009
Secretary of State

Entity Name: J. C. NEWMAN CIGAR CO.

Current Principal Place of Business:

2701 16TH ST.
TAMPA, FL 336052616

New Principal Place of Business:

2701 16TH ST
TAMPA, FL 336052616

Current Mailing Address:

P.O. BOX 2030
TAMPA, FL 33601

New Mailing Address:

FEI Number: 59-0884171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, ERIC
2701 16TH ST
TAMPA, FL 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: PD () Delete
Name: NEWMAN, ERIC
Address: 401 ROYAL POINCIANA DR
City-St-Zip: TAMPA, FL

Title: VD () Delete
Name: NEWMAN, ROBERT
Address: 3102 BEACH DR.
City-St-Zip: TAMPA, FL

Title: ST () Delete
Name: MARTIN, SHIRA D
Address: 18916 15TH PLACE SW
City-St-Zip: LUTZ, FL 33548

Title: O () Delete
Name: BUECHEL, WALTER G
Address: 3068 MAGNOLIA CT
City-St-Zip: EDGEWOOD, KY 41017

Title: O () Delete
Name: DOLAK, RICHARD
Address: 473 BATH CLUB BLVD N
City-St-Zip: NORTH REDINGTON BEACH, FL 33708

Title: O () Delete
Name: LEWIS, SCOTT W
Address: 7111 BUCKS FORD DR
City-St-Zip: RIVERVIEW, FL 33569

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 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

04/27/2009

Electronic Signature of Signing Officer or Director

Date