

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jun 05, 2008 8:00 am
Secretary of State**

05-05-2008 90242 014 ***150.00

DOCUMENT # 254554

1. Entity Name
FRALEIGH TOBACCO COMPANY, INC.



Principal Place of Business
**RT 3 ROCKY FORD RD
MADISON, FL 32341 US**

Mailing Address
**RT 3 ROCKY FORD RD
P O BOX 268
MADISON, FL 32341 US**

66013496



04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0929442

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FRALEIGH, JR T L
RT 3 ROCKY FORD RD
P. O. BOX 268
MADISON, FL 32341**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
FRALEIGH, T L JR
RT 3 ROCKY FORD RD
MADISON, FL 32340** *OR P.O. Box 268 Madison 32341*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
FRALEIGH, ASHLEY
RT 3 ROCKY FORD RD
MADISON, FL** *Resigned*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
FRALEIGH, JOHN E
RT 3 ROCKY FORD RD
MADISON, FL 32340** *1071 Collin Kelly Hwy*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
or
**P.O. Box 268
Madison, FL 32341**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 *John E. Fraleigh*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-2008 904-509-1968
Date Daytime Phone #