


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000003581 1. Entity Name TOBACCOVILLE USA, INC.	
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FILED
Aug 21, 2008 08:00 AM
Secretary of State

Principal Place of Business 1318 E. BOBO NEWSOM HIGHWAY HARTSVILLE, SC 29550	Mailing Address POST OFFICE BOX 428 HARTSVILLE, SC 29551
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07152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2057838	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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

U000000958146
08/21/08-80005-018 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILLIPS, LARRY 1318 E. BOBO NEWSOM HIGHWAY HARTSVILLE, SC 29550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST JUNE, JOHN M 1318 E. BOBO NEWSOM HIGHWAY HARTSVILLE, SC 29550
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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #