


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90025 037 \*\*\*150.00

<b>DOCUMENT # F99000004774</b>	
1. Entity Name R.J. REYNOLDS SMOKE SHOP, INC.	

Principal Place of Business 1001 REYNOLDS BLVD WINSTON SALEM, NC 27105	Mailing Address P.O. BOX 2959 TAX 20601 GCP WINSTON-SALEM, NC 27102
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94041014



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03252004 Chg-P CR2E034 (10/03)

4. FEI Number 56-2147974	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLYNN, GUY M			NAME			
STREET ADDRESS	3001 LOOKOUT CT.			STREET ADDRESS			
CITY-ST-ZIP	WINSTON-SALEM, NC 27106			CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RUCKER, THOMAS J			NAME	MICHAEL J. MADIGAN		
STREET ADDRESS	1211 YORKSHIRE RD.			STREET ADDRESS	401 NORTH MAIN ST		
CITY-ST-ZIP	WINSTON-SALEM, NC 27106			CITY-ST-ZIP	WINSTON-SALEM, NC 27102		
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARSCH, DARRYL R			NAME			
STREET ADDRESS	913 ASHLEY GLEN DR.			STREET ADDRESS			
CITY-ST-ZIP	WINSTON-SALEM, NC 27104			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERVIN, WILLIAM C			NAME			
STREET ADDRESS	401 N MAIN STREET			STREET ADDRESS			
CITY-ST-ZIP	WINSTON-SALEM, NC 27102			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GENTRY, STEPHEN F			NAME	GENTRY, STEVEN F		
STREET ADDRESS	401 N MAIN ST			STREET ADDRESS			
CITY-ST-ZIP	WINSTON-SALEM, NC 27102			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Steven F. Gentry 3-26-04 336.241.5075  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #