

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000004774**

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



01072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

56-2147974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ERVIN, WILLIAM C  
STREET ADDRESS 401 N MAIN ST  
CITY-ST-ZIP WINSTON SALEM, NC 27102

TITLE VD  
NAME MADIGAN, MICHAEL J  
STREET ADDRESS 401 NORTH MAIN ST  
CITY-ST-ZIP WINSTON SALEM, NC 27102

TITLE STD  
NAME MARSCH, DARRYL R  
STREET ADDRESS 913 ASHLEY GLEN DR.  
CITY-ST-ZIP WINSTON-SALEM, NC 27104

TITLE V  
NAME RHODES, E. SCOTT  
STREET ADDRESS 401 N MAIN STREET  
CITY-ST-ZIP WINSTON-SALEM, NC 27102

TITLE AS  
NAME GENTRY, STEVEN F  
STREET ADDRESS 401 N MAIN ST  
CITY-ST-ZIP WINSTON-SALEM, NC 27102

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000387855  
01/19/06-80055-017 150.00

**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:

*William C. Ervin* William C. ERVIN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-2006 336-741-0263