## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000004774

Address:

401 N MAIN ST

City-St-Zip: WINSTON-SALEM, NC 27102

Entity Name: R.J. REYNOLDS SMOKE SHOP, INC

FILED May 01, 2007 Secretary of State

Entity Nai	me: R.J. REY	NOLDS SMI	JKE SHOP, INC.					
Current Principal Place of Business:					New Principal Place of Business:			
1001 REYNOLDS BLVD WINSTON SALEM, NC 27105					2901 SHOREFAIR DRIVE BLDG. 631 WINSTON SALEM, NC 27105			
Current Mailing Address:					New Mailing Address:			
P.O. BOX 2959 TAX 20601 GCP WINSTON-SALEM, NC 27102					P.O. BOX 2959 TAX DEPT. WINSTON-SALEM, NC 27102			
FEI Number	: 56-2147974	FEI Numbe	r Applied For()	FEI Nun	nber Not Appli	icable ( )	Certificate of Stat	us Desired ( )
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
1201 HAY	ATION SERVIC S STREET SSEE, FL 323		ΙΥ					
	e named entity : e of Florida.	submits this	statement for the	purpose o	f changing it	s registered	office or registere	d agent, or both,
SIGNATU	RE:							
Electronic Signature of Registered Agent					Date			
Election Car	ce with s. 607.19 mpaign Financin S AND DIREC	g Trust Fund (	ne corporation did r Contribution ( ).	not receive t			S TO OFFICERS	AND DIRECTORS
Title: Name: Address: City-St-Zip:	PD ( ERVIN, WILLIA 401 N MAIN ST WINSTON SAL		:		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	n
Title: Name: Address: City-St-Zip:	VD ( MADIGAN, MIC 401 NORTH MA WINSTON SAL	IN ST			Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	n
Title: Name: Address: City-St-Zip:	STD ( MARSCH, DAR 913 ASHLEY G WINSTON-SAL	LEN DR.	ı		Title: Name: Address: City-St-Zip:	MARSCH, DA 401 NORTH N		n
Title: Name: Address: City-St-Zip:	V ( RHODES, E. S 401 N MAIN ST WINSTON-SAL	REET	:		Title: Name: Address: City-St-Zip:	RHODES, JR. 401 NORTH N		n
Title: Name:	AS ( )	Delete /EN F			Title: Name:	(	) Change ( ) Addition	n

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.

Address:

City-St-Zip:

SIGNATURE: STEVEN F. GENTRY AS 05/01/2007