

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004813

FILED
Mar 21, 2009
Secretary of State

Entity Name: THE SPIRIT OF CIGAR CITY TAMPA FL. INC.

Current Principal Place of Business:

4418 ROCKCREST CIRCLE
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

4418 ROCKCREST CIRCLE
TAMPA, FL 33624

New Mailing Address:

FEI Number: 14-1970302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIAVONE, FRANK
4418 ROCKCREST CIRCLE
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: SCHIAVONE, FRANK
Address: 4418 ROCKCREST CIRCLE
City-St-Zip: TAMPA, FL 33624

Title: DIR () Delete
Name: LUPO, SAM J
Address: 27358 HICKORY HILL RD
City-St-Zip: BROOKSVILLE, FL 34602

Title: DIR () Delete
Name: LUPO, IRMA J
Address: 27358 HICKORY HILL RD
City-St-Zip: BROOKSVILLE, FL 34602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK SCHIAVONE

DIR

03/21/2009

Electronic Signature of Signing Officer or Director

Date