

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005784

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: CIGARS FOR SOLDIERS, INC.

## Current Principal Place of Business:

13750 TREELINE AVENUE S  
FORT MYERS, FL 33913 US

## New Principal Place of Business:

3108 SANTA BARBARA BLVD  
SUITE 103, #433  
CAPE CORAL, FL 33914 US

## Current Mailing Address:

13750 TREELINE AVENUE S  
FORT MYERS, FL 33913 US

## New Mailing Address:

3108 SANTA BARBARA BLVD  
SUITE 103, #433  
CAPE CORAL, FL 33914 US

FEI Number: 26-2822945

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEYD BACK MARKETING, INC.  
13750 TREELINE AVENUE S  
FORT MYERS, FL 33913 US

## Name and Address of New Registered Agent:

LEYD BACK MARKETING, INC.  
3108 SANTA BARBARA BLVD  
SUITE 103, #433  
CAPE CORAL, FL 33914 US

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: CHARLES LEY

04/01/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LEY, CHARLES  
Address: 13750 TREELINE AVENUE S  
City-St-Zip: FORT MYERS, FL 33913 US

Title: VP ( ) Delete  
Name: LEY, AMANDA  
Address: 13750 TREELINE AVENUE S  
City-St-Zip: FORT MYERS, FL 33913 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LEY, CHARLES  
Address: 3108 SANTA BARBARA BLVD, STE 103  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: VP (X) Change ( ) Addition  
Name: LEY, AMANDA  
Address: 3108 SANTA BARBARA BLVD, STE 103  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: SAA ( ) Change (X) Addition  
Name: KAMP, GARY  
Address: 3108 SANTA BARBARA BLVD, STE 103  
City-St-Zip: CAPE CORAL, FL 33914 US

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: CHARLES LEY

P

04/01/2009

Electronic Signature of Signing Officer or Director

Date