

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000073172

Entity Name: FLORIDA TOBACCO RETAIL, INC.

FILED
Apr 23, 2006
Secretary of State

Current Principal Place of Business:

1921 REID STREET
PALATKA, FL 32117

New Principal Place of Business:

1921 REID STREET
PALATKA, FL 32177

Current Mailing Address:

1921 REID STREET
PALATKA, FL 32117

New Mailing Address:

1921 REID STREET
PALATKA, FL 32177

FEI Number: 59-3660397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOMASCOLO, JOANNE M
2401 WHITEHORSE STREET
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

LOMASCOLO, JOANNE M
1049 WEST NEW YORK AVENUE
ORANGE CITY, FL 32763 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:

04/23/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DFVS () Delete
Name: LOMASCOLO, JOANNE M MS
Address: 2401 WHITEHORSE ST
City-St-Zip: DELTONA, FL 32738

Title: T () Delete
Name: LOMASCOLO, JOANNE M MS
Address: 2401 WHITEHORSE ST
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOMASCOLO, JOANNE M MS
Address: 1049 WEST NEW YORK AVENUE
City-St-Zip: ORANGE CITY, FL 32763

Title: P (X) Change () Addition
Name: LOMASCOLO, JOANNE M MS
Address: 1049 WEST NEW YORK AVENUE
City-St-Zip: ORANGE CITY, FL 32763

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: JOANNE M. LOMASCOLO

P

04/23/2006

Electronic Signature of Signing Officer or Director

Date