

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000048910

FILED  
Aug 05, 2004  
Secretary of State

Entity Name: CIGSAVERS DISCOUNT CIGARETTE OUTLET, INC.

## Current Principal Place of Business:

580 SHADOW GLENN PL  
WINTER SPRINGS, FL 32708

## New Principal Place of Business:

1161 E. ALTAMONTE DR  
SUITE 1019  
ALTAMONTE SPRINGS, FL 32701

## Current Mailing Address:

580 SHADOW GLENN PL  
WINTER SPRINGS, FL 32708

## New Mailing Address:

1161 E. ALTAMONTE DR  
SUITE 1019  
ALTAMONTE SPRINGS, FL 32701

FEI Number: 13-4248696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OUTRAM, BARTON  
580 SHADOW GLENN PL  
WINTER SPRINGS, FL 32708

## Name and Address of New Registered Agent:

OUTRAM, BARTON  
1161 E. ALTAMONTE DR  
SUITE 1019  
ALTAMONTE SPRINGS, FL 32701

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: BARTON OUTRAM

08/05/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: OUTRAM, BARTON  
Address: 580 SHADOW GLENN PL  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DST ( ) Delete  
Name: BETTS, STACI  
Address: 580 SHADOW GLENN PL  
City-St-Zip: WINTER SPRINGS, FL 32708

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: OUTRAM, BARTON  
Address: 1161 E. ALTAMONTE DR SUITE 1019  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DST (X) Change ( ) Addition  
Name: BETTS, STACI  
Address: 1161 E. ALTAMONTE DR. SUITE 1019  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BARTON OUTRAM

DP

08/05/2004

Electronic Signature of Signing Officer or Director

Date