

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90008 012 ***150.00

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1. Entity Name

EXECUTIVE CIGAR SHOP AND LOUNGE, INC.



Principal Place of Business

1441 S MIRAMAR AVE
INDIALANTIC FL 32903

Mailing Address

1441 S MIRAMAR AVE
INDIALANTIC FL 32903

04061603



MOORE CR2E034 (11/03)

2. Principal Place of Business

832 E. NEW HAVEN

3. Mailing Address

832 E. NEW HAVEN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

City & State

MELBOURNE, FL

4. FEI Number

20-0366475

Applied For

Not Applicable

Zip

Country

32901

U.S.A.

Zip

Country

32901

U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NARDONE, S S
1441 S MIRAMAR AVE
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

832 E. NEW HAVEN AVE

City

MELBOURNE

FL

Zip Code

32901

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004. Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME NARDONE, S S
STREET ADDRESS 1441 S MIRAMAR AVE
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME NARDONE, S.Sam
STREET ADDRESS 483 BELLA CAMINO WAY
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE ☐ Change ☒ Addition
NAME DiLORENZO, RON
STREET ADDRESS 224 SAND DOLLAR RD.
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE ☐ Change ☒ Addition
NAME NARDONE, ANTHONY
STREET ADDRESS 5658 S. 27th ST.
CITY-ST-ZIP MILWAUKEE, WI 53221

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. Sam NARDONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/04

Date

321-733-4554

Daytime Phone #