


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000106062</b> 1. Entity Name OLDE COLONIAL HAVANA CIGAR COMPANY, INC.	
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Principal Place of Business 3875 HAMMOCK ROAD MIMS, FL 32754	Mailing Address 3875 HAMMOCK ROAD MIMS, FL 32754
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**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 42-1675762	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALIS, GEORGE L  
2560 RED MAPLE PLACE  
MELBOURNE, FL 32935

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SALIS, GEORGE L LLM,PHD 2560 RED MAPLE PLACE MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOO IPPOLITO, FRANCO 3875 HAMMOCK ROAD MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC ASHMAN, RAYMOND C 3416 ROCKY GAP PLACE COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORRIDAN, PATRICK K 245 EAST LAUREN COURT MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000587618  
01/17/07-80040-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, without other like empowered.

**SIGNATURE:**  **Raymond C. Ashman** 1/12/07 (321) 636-4711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #