

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90006 004 ***150.00

DOCUMENT # P05000106062

1. Entity Name

OLDE COLONIAL HAVANA CIGAR COMPANY, INC.



Principal Place of Business
3875 HAMMOCK ROAD
MIMS FL 32754

Mailing Address
3875 HAMMOCK ROAD
MIMS FL 32754



2. Principal Place of Business - No P.O. Box #

625 BREVARD AVE

Suite, Apt. #, etc.

3. Mailing Address

625 BREVARD AVE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

COCOA FL

City & State

COCOA FL

4. FEI Number

42-1675762

Applied For

Not Applicable

Zip

32922-7807

Country

USA

Zip

32922-7807

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALIS, GEORGE L
2560 RED MAPLE PLACE
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name

TRINKLE, RONALD L

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

3875 HAMMOCK ROAD

City

MIMS

FL

Zip Code

32754

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

Ronald L Trinkle

RONALD L TRINKLE

11 FEB 08

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

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 PCEO ☒ Delete
NAME SALIS, GEORGE L LLM, PHD
STREET ADDRESS 2560 RED MAPLE PLACE
CITY-ST-ZIP MELBOURNE FL 32935

TITLE VCOO ☒ Delete
NAME IPPOLITO, FRANCO
STREET ADDRESS 3875 HAMMOCK ROAD
CITY-ST-ZIP MIMS FL 32754

TITLE TC ☒ Delete
NAME ASHMAN, RAYMOND C
STREET ADDRESS 3416 ROCKY GAP PLACE
CITY-ST-ZIP COCOA FL 32926

TITLE S ☒ Delete
NAME CORRIDAN, PATRICK K
STREET ADDRESS 245 EAST LAUREN COURT
CITY-ST-ZIP MERRITT ISLAND, FL 32952

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 P/D ☒ Change ☐ Addition
NAME Salis, George L LLM, PHD
STREET ADDRESS 2560 RED MAPLE PLACE
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE C/D ☐ Change ☒ Addition
NAME CRAWFORD, EUGENE E
STREET ADDRESS 621 HEATHER STONE DR
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE V/D ☐ Change ☒ Addition
NAME TRINKLE, RONALD L
STREET ADDRESS 3875 HAMMOCK RD
CITY-ST-ZIP MIMS, FL 32754

TITLE S ☐ Change ☒ Addition
NAME SCHROEDER, WILLIAM L
STREET ADDRESS 2111 CLAIREMONT DR
CITY-ST-ZIP COCOA, FL 32922

TITLE C/D ☐ Change ☒ Addition
NAME STRICKLAND, JAMES A JR
STREET ADDRESS 2090 N. TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE TC/D ☒ Change ☐ Addition
NAME ASHMAN, RAYMOND C
STREET ADDRESS 3416 ROCKY GAP PLACE
CITY-ST-ZIP COCOA, FL 32926

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, with all other like empowered.

SIGNATURE:

Raymond C Ashman RAYMOND C ASHMAN

2/8/08

(321) 636-4711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40028553

#P05 000106062

TITLE	D	ADDITION
NAME	SMITH, JOHN C	
STREET ADDRESS	2889 MOURNING DOVE WAY	
CITY-ST-ZIP	TITUSVILLE, FL 32780	