

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000106062

FILED  
Jan 16, 2010  
Secretary of State

**Entity Name:** OLDE COLONIAL HAVANA CIGAR COMPANY, INC.

**Current Principal Place of Business:**

625 BREVARD  
COCOA, FL 329227807

**New Principal Place of Business:**

625 BREVARD  
COCOA, FL 329227807 US

**Current Mailing Address:**

625 BREVARD AVE  
COCOA, FL 329227807

**New Mailing Address:**

625 BREVARD  
COCOA, FL 329227807 US

**FEI Number:** 42-1675762

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRINKLE, RONALD L  
3875 HAMMOCK ROAD  
MIMS, FL 32754 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** SALIS, GEORGE L PHD  
**Address:** 2560 REDMAPLE PLACE  
**City-St-Zip:** MELBOURNE, FL 32935 US

**Title:** CEOD  
**Name:** CRAWFORD, EUGENE E  
**Address:** 621 HEATHER STONE DR  
**City-St-Zip:** MERRITT ISLAND, FL 32953 US

**Title:** VD  
**Name:** TRINKLE, RONALD L  
**Address:** 3875 HAMMOCK RD  
**City-St-Zip:** MIMS, FL 32754 US

**Title:** SD  
**Name:** CALLOWAY, RANDALL A  
**Address:** 3905 HAMMOCK RD  
**City-St-Zip:** MIMS, FL 32754

**Title:** CFOD  
**Name:** STRICKLAND, JAMES A JR  
**Address:** 2090 N. TROPICAL TRAIL  
**City-St-Zip:** MERRITT ISLAND, FL 32953

**Title:** CD  
**Name:** ASHMAN, RAYMOND C  
**Address:** 3416 ROCKY GAP PLACE  
**City-St-Zip:** COCOA, FL 32926

I hereby 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 all other like empowered.

**SIGNATURE:** RAYMOND C ASHMAN

CD

01/16/2010

Electronic Signature of Signing Officer or Director

Date