

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000013165

1. Entity Name

ST. FRANCIS FINANCIAL, INC.

D/B/A CASA TOBACCO



FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90030 018 ***150.00

Principal Place of Business

14349 N DALE MABRY HWY
TAMPA, FL 33618

Mailing Address

14349 N DALE MABRY HWY
TAMPA, FL 33618

40110700

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

04012007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-423 5679

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREGG S KAMP, P.A.
6155 SOUTH FLORIDA AVENUE
SUITE 10
LAKELAND, FL 33813

Name

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

City

FL

Zip Code

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEOP
BOHINICK, MICHAEL A
16508 LAKE HEATHER DRIVE
TAMPA, FL 33618

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
BOHINICK, MICHAEL A
16508 LAKE HEATHER DRIVE
TAMPA, FL 33618

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE
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Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Bohinick

Date

4/10/2007

Daytime Phone #

813.960.4925