

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

1/1

FILED
Feb 14, 2007 8:00 am
Secretary of State

01-18-2007 90095 032 ***150.00

DOCUMENT # P06000037215

1. Entity Name
MAIN STREET TOBACCO INC



Principal Place of Business
**3820 NORTHDAL BLVD
300-B
TAMPA, FL 33624**

Mailing Address
**3820 NORTHDAL BLVD
300-B
TAMPA, FL 33624**

66001485



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-4489341

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEHEW, JACK A
3820 NORTHDAL BLVD
300-B
TAMPA, FL 33624**

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 of officer or director of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-appointing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
DAHLA, SAMER
2477 COLONEL FORD DRIVE
LAKELAND, FL 33819**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
MASUD, FARES R
P O BOX 90822
TAMPA, FL 33804**

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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

Samer Dahl

Date

Day and Phone #

1/13/07 813-248-5500