


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90093 031 ***158.75

DOCUMENT # P06000061738 1. Entity Name SMOKER'S OASIS, INC.																													
Principal Place of Business 4305 BAY POINT ROAD PANAMA CITY BEACH, FL 32411			Mailing Address P.O. BOX 28149 PANAMA CITY BEACH, FL 32411																										
2. Principal Place of Business - No P.O. Box # 222 A. S. Tyndall Hwy		3. Mailing Address 222A. S. Tyndall <i>pkey</i>																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State Parker, FL		City & State Parker, FL		4. FEI Number 20-4798349																									
Zip 32404		Country Bay		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SMITH, BARBARA A 4305 BAY POINT ROAD PO Box 28149 PANAMA CITY BEACH, FL 32411				7. Name and Address of New Registered Agent 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 <i>Barbara A. Smith</i> 4-23-07 <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
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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 any attachment with an address, with all other like empowered. SIGNATURE: <i>Barbara A. Smith</i> 4/23/07 850-215-4097 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> 850-230-1979 <small>Daytime Phone #</small>																													