

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90130 003 ***150.00

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1. Entity Name
SENECA CIGARETTES OF FLORIDA INC.



Principal Place of Business
**16726 SE 77TH NORTHRIDGE COURT
THE VILLAGES, FL 32162**

Mailing Address
**16726 SE 77TH NORTHRIDGE COURT
THE VILLAGES, FL 32162**

2. Principal Place of Business - No P.O. Box #
1558 S. Hwy 441

3. Mailing Address

Suite, Apt. #, etc.
Unit 2

Suite, Apt. #, etc.

City & State
Sumnerfield, FL

City & State

Zip
34481

Country
Marion

Zip

Country

07042007 Chg-P CR2E034 (12/06)

4. FEI Number
75-3218246

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LITTLETON, L.S.
6821 CABALLERO COURT
JACKSONVILLE, FL 32217**

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 Shirley F. Brownell Shirley F. Brownell 7/11/07
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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P/D ☐ Delete
NAME JOHNSTON, MEL
STREET ADDRESS 16726 SE 77TH NORTHRIDGE COURT
CITY-ST-ZIP THE VILLAGES, FL 32162

TITLE T ☐ Delete
NAME JOHNSTON, MEL
STREET ADDRESS 16726 SE 77TH NORTHRIDGE COURT
CITY-ST-ZIP THE VILLAGES, FL 32162

TITLE VP/S ☐ Delete
NAME BROWNELL, SHIRLEY
STREET ADDRESS 16726 SE 77TH NORTHRIDGE COURT
CITY-ST-ZIP THE VILLAGES, FL 32162

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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CITY-ST-ZIP

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

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: Shirley F. Brownell Shirley F. Brownell 7/11/07 352-251-3677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #