

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 A**  
**Secretary of State**

DOCUMENT # P93000033598

1. Entity Name  
CIGAR CITY PROPERTIES INC.



Principal Place of Business  
4133 SALTWATER BOULEVARD  
TAMPA, FL 33615

Mailing Address  
4133 SALTWATER BOULEVARD  
TAMPA, FL 33615 US



04122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3182057

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

UMSTED, HUGH C  
THE ROUNDHOUSE  
10314 LITTLE ROAD  
NEW PORT RICHEY, FL 34654

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME SCHILLER, ERIC F  
STREET ADDRESS 4133 SALTWATER BLVD  
CITY-ST-ZIP TAMPA, FL 33615

TITLE VP  
NAME SCHILLER, SHERE  
STREET ADDRESS 4133 SALTWATER BLVD  
CITY-ST-ZIP TAMPA, FL 33615

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000512892  
04/29/06-80107-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*E.F. Schiller*  
E.F. SCHILLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06 813-884-8189  
Date Daytime Phone #