


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90048 043 ***150.00

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| DOCUMENT # P93000057147 | |  |
| 1. Entity Name DISCOUNT CIGARETTES, INC. | | |

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|--|---|
| Principal Place of Business 124 E. NINE MILE ROAD PENSACOLA, FL 32534 US | Mailing Address 612 S FIRST ST #24 PENSACOLA, FL 32507 US |
|--|---|

40007507



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|--------------------------------|---|
| 2. Principal Place of Business | 3. Mailing Address <i>124 E Nine Mile Road</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

01172005 Chg-P CR2E034 (10/03)

| | | |
|-------------------------------------|------------------------------------|---|
| City & State <i>Pensacola FL</i> | 4. FEI Number 59-3195510 | Applied For <input type="checkbox"/> Not Applicable |
| Zip <i>32534</i> | Country <i>US</i> | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent KLOSS, WILLIAM M 124 E NINE MILE ROAD PENSACOLA, FL 32534 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KLOSS, WILLIAM M 3150 N PACE BLVD PENSACOLA, FL 32505 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>124 E Nine Mile Road Pensacola FL 32534</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ARMSTRONG, FRANCINE 3150 N PACE BLVD PENSACOLA, FL 32505 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>124 E Nine Mile Road Pensacola FL 32534</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *William Kloss* *1-16-2005*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #