

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90249 045 ***150.00

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1. Entity Name

THE SMOKE SHOP, INC.



Principal Place of Business

4625 TAMIAM TRAIL NORTH
NAPLES FL 33940

Mailing Address

4625 TAMIAM TRAIL NORTH
NAPLES FL 33940

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0565971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RANKIN, DOUGLAS L
2335 TAMAMI TRAIL NORTH #308
NAPLES FL 33940

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SVP ☐ Delete
NAME BLISS, CAROLYN B
STREET ADDRESS 4625 TAMIAMI TRL N
CITY-ST-ZIP NAPLES FL 34103

TITLE D ☒ Delete
NAME WALLACE, STEFANI
STREET ADDRESS 1745 E. SHEFFIELD AVE
CITY-ST-ZIP CHANDLER AZ 85225

TITLE D ☒ Delete
NAME WALLACE, MARTIN
STREET ADDRESS 1745 E. SHEFFIELD AVE
CITY-ST-ZIP CHANDLER AZ 85225

TITLE D ☒ Delete
NAME YACOYETTI, LOIS
STREET ADDRESS 3224 SE PUFFIN LN
CITY-ST-ZIP PORT ORCHARD WA 98366

TITLE PT ☐ Delete
NAME BLISS, JERRY W
STREET ADDRESS 4625 TAMIAMI TRL N
CITY-ST-ZIP NAPLES FL 34103

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
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NAME
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-04