# 2004 FOR PROFIT CORPORATION
## ANNUAL REPORT

DOCUMENT # P95000069255

1. Entity Name
HAVANA CIGAR COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 2440 SR 580 | 2440 SR 580 |
| SUITE 13 A | SUITE 13 A |
| CLEARWATER, FL  33761    US | CLEARWATER, FL  33761    US |

04182004    No Chg-P    CR2E034 (10/03)

| 4. FEI Number | | Applied For |
|---|---|---|
| 59-3334120 | | Not Applicable |

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

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

COOK, BRYAN T
2440 SR 580
SUITE 13 A
CLEARWATER, FL  33761

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**

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

### 10.  OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PST |
| NAME | COOK, BRYAN T |
| STREET ADDRESS | 1850 OAK CREEK DRIVE |
| CITY-ST-ZIP | DUNEDIN, FL  34698 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000149293
05/03/04-80181-009  150.00

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: X_____        4/18/04   727  725-88  5
        SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                Date        Daytime Phone #