

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000045541

1. Entity Name  
YBOR CIGAR & SPIRITS, INC.



Principal Place of Business  
5263 S. FLORIDA AVENUE  
LAKELAND, FL 33813-2521

Mailing Address  
5263 S. FLORIDA AVENUE  
LAKELAND, FL 33813-2521

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08092006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3448706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEACHEE, DAVID A  
247 MARCUM TRACE DR.  
LAKELAND, FL 33809-2269

7. Name and Address of New Registered Agent

Name Pina, Teresa

Street Address (P.O. Box Number is Not Acceptable)  
5263 South Florida Avenue

City Lakeland

FL

Zip Code  
33813-2521

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

*Teresa Pina*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-15-06

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTSD ☒ Delete  
NAME PEACHEE, DAVID A  
STREET ADDRESS 247 MARCUM TRACE DR  
CITY-ST-ZIP LAKELAND, FL 338092269

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 PTSD ☐ Change ☒ Addition  
NAME PINA, TERESA  
STREET ADDRESS 5263 S. FLORIDA AVE  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500078884775  
08/18/06--01044--025 \*\*\$61.25

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

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:

*Teresa Pina*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-06

Date

Daytime Phone #