

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000086967

1. Entity Name

KEY WEST - CIGAR CITY U.S.A., INC.



Principal Place of Business

5570 3RD AVE
KEY WEST, FL 33040 US

Mailing Address

5570 3RD AVE
KEY WEST, FL 33040 US



02242004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0794473

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROBERT E HIGHSMITH
1315 WHITEHEAD STREET
KEY WEST, FL 33040

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000082465
03/09/04-80031-004 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
DPS
SALINERO, FREDERICK A
STREET ADDRESS
5570 3RD AVE
CITY-ST-ZIP
KEY WEST, FL 33040

TITLE
NAME
DV
WESTFALL, GLENN
STREET ADDRESS
3322 POWERLINE RD
CITY-ST-ZIP
LITHIA, FL 33547

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

**DO NOT WRITE
IN THIS SPACE**

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 #

3/3/04 305 294-7618