

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000027214

1. Entity Name  
SMOKIN' NOW, INC.



Principal Place of Business  
1967 CASTILLE DR.  
DUNEDIN, FL 34698

Mailing Address  
1967 CASTILLE DR.  
DUNEDIN, FL 34698

FILED  
08 JUL 16 AM 10:44  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



07142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3590422	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

SEBASTYEN, GAIL E  
1967 CASTILLE DR.  
DUNEDIN, FL 34698

**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 \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SEBASTYEN, GAIL E 1967 CASTILLE DRIVE DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SEBASTYEN, WILLIAM A 1967 CASTILLE DRIVE DUNEDIN, FL 34698
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	

02-01-08 90628 002 \$ 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Gail Sebastyen* President

1/25/08 (727) 786-6466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Gail Sebastyen*

July 14, 20008

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Gentlemen:

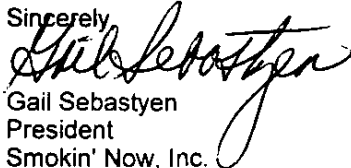
Re: Document #P99000027214 Smokin' Now, Inc.

I have received a Notice of Intent To Dissolve my corporation because of non-payment of renewal. I did in fact pay the \$150.00 renewal fee back in January of 2008 and sent in the Annual Report. Upon confirming this with your on-line help and support, you did receive my check, however my form was not signed. They told me it was sent back to me for signature, but I do not have record of ever receiving it or returning it signed.

Therefore, enclosed is a signed Annual Report form for my corporation. Please confirm receipt of this document and reinstatement of my corporation. I feel that I do not owe any additional funds because I did not receive any notice that you did not have the proper document signed but you did in fact receive my \$150.00 check in a timely manner.

Thank you for your prompt attention to this matter.

Sincerely



Gail Sebastyen  
President  
Smokin' Now, Inc.  
Ph (727)786-6466

Email: Brichett@tampabay.rr.com