

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000049296

1. Entity Name
TOBACCO HOLDINGS, INC.



Principal Place of Business

111 SUMMIT ST.
SALAMANCA, NY 14779

Mailing Address

111 SUMMIT ST.
SALAMANCA, NY 14779

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3653855

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

STONER, CHARLTON ESQ
1101 BRICKELL AVE - STE 1700
MIAMI, FL 33131

**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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	SEC
NAME	LANSING, ROBERT J
STREET ADDRESS	111 SUMMIT STREET
CITY-ST-ZIP	SALAMANCA, NY 14779
TITLE	P
NAME	KAMPERMAN, KAREN
STREET ADDRESS	111 SUMMIT STREET
CITY-ST-ZIP	SALAMANCA, NY 14779
TITLE	T
NAME	HARRIS, AL JR
STREET ADDRESS	111 SUMMIT STREET
CITY-ST-ZIP	SALAMANCA, NY 14779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000954482
07/14/08-80002-010 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/08 866-339 9572

Date

Daytime Phone #

KAREN KAMPERMAN