


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000002027 1. Entity Name MEMO MONEY ORDER COMPANY	
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Principal Place of Business 1029 MUMMA ROAD WORMLEYSBURG, PA 17043	Mailing Address 1029 MUMMA ROAD WORMLEYSBURG, PA 17043
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DO NOT WRITE IN THIS SPACE

04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 25-1602585	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**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, 2005 Fee will be \$550.00**

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

1100000346939

04/30/05-80095-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCCORKLE, DAVID L 1029 MUMMA ROAD WORMLEYSBURG, PA 17043
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BUTLER, TANYA 1029 MUMMA ROAD WORMLEYSBURG, PA 17043
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WILBERT, KAREN 1029 MUMMA RD. WORMLEYSBURG, DA 17043
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEYER, HANS 1029 MUMMA ROAD WORMLEYSBURG, PA 17043
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(f), 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: Tanya Butler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05
Date

Daytime Phone #