


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90167 015 \*\*\*150.00

**DOCUMENT # F97000004969**


1. Entity Name  
**ADVANCE AMERICA, CASH ADVANCE CENTERS OF FLORIDA, INC.**



Principal Place of Business 135 NORTH CHURCH STREET SPARTANBURG, SC 29306	Mailing Address P.O. BOX 3058 SPARTANBURG, SC 29304
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**DO NOT WRITE IN THIS SPACE**

60000000



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2333774	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.**  
 2731 EXECUTIVE PARK DRIVE  
 SUITE 4  
 WESTON, FL 33331

**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 \_\_\_\_\_ (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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBSTER, WILLIAM M IV 135 NORTH CHURCH STREET SPARTANBURG, SC 29306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GALLEN, DAVID W 135 NORTH CHURCH STREET SPARTANBURG, SC 29306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, GEORGE D JR 961 EAST MAIN STREET SPARTANBURG, SC 29302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SHAW, ROBERT W 135 NORTH CHURCH STREET SPARTANBURG, SC 29306
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:** *AW Shaw* **Assistant Secretary** 4-28-05 888-316-4238 x3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #