


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000093926</b> 1. Entity Name C & C PAWN SHOP, INC.	
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Principal Place of Business 20320 CENRAL AVE WEST BLOUNTSTOWN, FL 32424	Mailing Address 20320 CENRAL AVE WEST BLOUNTSTOWN, FL 32424
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**DO NOT WRITE IN THIS SPACE**



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3518241	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  KASTLI, WALTER 20320 CENTRAL AVENUE BLOUNTSTOWN, FL 32424	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1100000194933 01/28/05-80008-018 158 75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KASTLI, WALTER 20320 CENTRAL AVE. WEST BLOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTs KASTLI, REBECCA 20320 CENTRAL AVE. WEST BLOUNTSTOWN, FL 32424
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**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)(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.

<b>SIGNATURE:</b> <u>Walter Kastli</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1/19/05</u> <small>Date</small>	<u>(850)674-8023</u> <small>Daytime Phone #</small>
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