

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90051 039 ***150.00

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1. Entity Name

CARSON'S PAWN SHOP, INC.



Principal Place of Business

RALPH M CARSON
2706 NORTH PACE BLVD
PENSACOLA FL 32505

Mailing Address

RALPH M CARSON
2706 NORTH PACE BLVD
PENSACOLA FL 32505



2. Principal Place of Business - No P.O. Box # Inc

Carson's Pawn Shop Inc

Suite, Apt. #, etc.

2706 North Pace Blvd

City & State

Pensacola FL

Zip

32505

3. Mailing Address

Carson's Pawn Shop Inc

Suite, Apt. #, etc.

2706 North Pace Blvd

City & State

Pensacola FL

Zip

32505

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-0883750

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARSON, RALPH M
2706 NORTH PACE BOULEVARD
PENSACOLA FL

7. Name and Address of New Registered Agent

Name Randall M. Spivey

Street Address (P.O. Box Number is Not Acceptable)
112 Fargo Road Lt A

City Cantonment FL Zip Code 32533

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

Randall Spivey
Signature, typed or printed name of registered agent and title (nonchange)

Randall Spivey President

4-9-2007

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SPIVEY, KENNETH
STREET ADDRESS 112 FARGO RD LOT A
CITY ST-ZIP CANTONMENT FL 32533

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Randall M. Spivey
STREET ADDRESS 112 Fargo Road Lt A
CITY ST-ZIP Cantonment FL 32533

TITLE VD
NAME Kenneth R. Spivey
STREET ADDRESS 4420 Ivory Lane
CITY ST-ZIP molino, FL 32577

TITLE
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CITY ST-ZIP

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CITY ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Randall Spivey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #