2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2005 08:00 AM Secretary of State

ARTIONS ILL. OIL					1 Secretary of State			
1. Entity Nam	MENT # 251697 MENS STORE AND PAWN SH				ictury of S			
P O BOX 547 P 22 EGLIN PKWY SE 2		Mailing Address P O BOX 547 22 EGLIN PKWY SE FORT WALTON BEACH, FL 32548						
DO NOT WRITE IN THIS SPA				03102005	No Chg-P	CR2E034 (10/03)		
			ÇE	4. FEI Numbe 59-094		Applie Not Ar	ed For pplicable	
					of Status Desired	S8.75 Addition Fee Required	· <u>·</u>	
<u></u>	6. Name and Address of Current Regi	stered Agent	 	 	region, 19		***********************************	
		We will be the second of the s		NOT W		mula		
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 site if applicable. (NOTE. Registered Agent signature required when reinstating) DATE								
	E NOW!!! FEE IS \$150,00 ay 1, 2005 Fee will be \$550,00	Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees			-	
10.	ÖFFICERS AND DIRE	CTORS		- TEE, 7 %	TOTAL STREET, AND		ν	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAJORS, BARBARA 115 EDWARDS LANE SE FORT WALTON BEACH, FL 32548				<u></u>	266275 80025-002 150.1		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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:

TITLE NAME STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-05

850-244-5184