

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90016 043 ***150.00

DOCUMENT # 266102

1. Entity Name
GATLIN'S GO FOR CASH, INC.



Principal Place of Business
GATLIN'S GO FOR CASH INC
2705-E HANNA AVE.
TAMPA, FL 33610 US

Mailing Address
1501 E. COMANCHE AVE
TAMPA FLA, 33610

54007558



01082004 Chg-P CR2E034 (10/03)

4. FEI Number
59-1058326

Applied For
☐ Not Applicable

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

2. Principal Place of Business
GATLIN'S GO FOR CASH, INC.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GATLIN SR,C E
1501 E COMANCHE AVE
TAMPA, FL 33610

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **GATLIN SR,C E**
STREET ADDRESS **1501 E COMANCHE E AVE.**
CITY-ST-ZIP **TAMPA, FL 33610**

TITLE **V** ☐ Delete
NAME **GATLIN,C ELMON**
STREET ADDRESS **6102 IKE SMITH RD N**
CITY-ST-ZIP **PLANT CITY, FL 33565**

TITLE **ST** ☐ Delete
NAME **GATLIN,GRACIE L**
STREET ADDRESS **1501 E COMANCHE AVE**
CITY-ST-ZIP **TAMPA, FL 33610**

TITLE **V** ☐ Delete
NAME **GATLIN, ALAN D.**
STREET ADDRESS **1505 E COMANCHE**
CITY-ST-ZIP **TAMPA, FL 33610**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Alan D. Gatlin **ALAN D. GATLIN**

Date

Daytime Phone #

1-8-04 813-239-9284