2005 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 26, 2005 08:00 AM Secretary of State **DOCUMENT # 272504** 1. Entity Name SAPP JEWELRY AND LOAN CO. INC. Principal Place of Business _ Mailing Address 111 NW 6 ST 111 NW 6 ST GAINESVILLE, FL 32601 US GAINESVILLE, FL 32601 UŞ CR2E034 (10/03) 08242005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1038133 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FORD-BUTCH, G.F. DO NOT WRITE 3805 N.W. 16 PL. GAINESVILLE, FL 32605 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE NAME FORD-BUTCH, G. F. STREET ADDRESS 3805 N.W. 16 PL. GAINESVILLE, FL CITY-ST-ZIP U00000377208 08/26/05-80004-017 150,00 TITLE FORD, MARYLYNN NAME 3805 N.W. 16 PL. STREET ADDRESS GAINESVILLE, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

82405

352-312-8301

Daytime Phone #

FILED