


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90034 046 ***150.00

DOCUMENT # 272504	
1. Entity Name SAPP JEWELRY AND LOAN CO. INC.	

Principal Place of Business 111 NW 6 ST GAINESVILLE, FL 32601 US	Mailing Address 111 NW 6 ST GAINESVILLE, FL 32601 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40056905



03302007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent	
FORD-BUTCH, G.F. 3805 N.W. 16 PL. GAINESVILLE, FL 32605	

7. Name and Address of New Registered Agent	
Name	G.F. Butch FORD
Street Address (P.O. Box Number is Not Acceptable)	
111 NW 6 ST.	
City	GAINESVILLE FL
Zip Code	32601

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 **G.F. Butch Ford - G.F. Butch FORD PRES** DATE **4-9-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	FORD-BUTCH, G. F.
STREET ADDRESS	3805 N.W. 16 PL.
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	FORD, MARYLYNN
STREET ADDRESS	3805 N.W. 16 PL.
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P, S, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	111 NW 6 ST
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: **G.F. Butch Ford** **G.F. Butch FORD PRES** DATE **4-9-07** DAYTIME PHONE # **352-372-8301**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR