


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90314 042 ***158.75

DOCUMENT # 451382 1. Entity Name PATIO PAWN SHOP, INC					
Principal Place of Business 2156 COMMERCE AVENUE VERO BEACH, FL 32960			Mailing Address 2156 COMMERCE AVENUE VERO BEACH, FL 32960		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HUDMON, MABEL LEA 4460 2ND ST. VERO BEACH, FL 32968			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUDMON, MABEL LEA		NAME		
STREET ADDRESS	4460 2ND ST.		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUDMON, GARY D		NAME		
STREET ADDRESS	4460 2ND STREET		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32968		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Mabel Lea Hudmon / Mabel Lea Hudmon - April 16, 2005 - 772-567-5909</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Accredited

ATTACHMENT
#457382

A Property & Casualty Insurer Since 1971

50037109

CONTINUATION CERTIFICATE

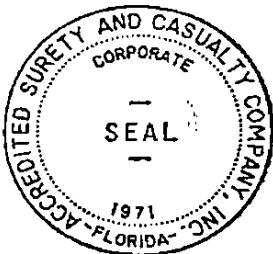
Bond Number: 970047
Principal Name: PATIO PAWN SHOP INC.
Obligee: DEPT. OF AGRICULTURE, STATE OF FL.
Bond Amount: \$ 10,000.00
Bond Description: PAWNBROKERS
Term Beginning: 03/04/2005
Term Ending: 03/03/2006

Accredited Surety and Casualty Company, Inc. hereby continues in force subject to all the covenants and conditions of the original bond referred to above:

The continuation is issued upon the express condition that the liability of Accredited Surety and Casualty Company, Inc. under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 22nd day of November 2004 .

ACCREDITED SURETY AND CASUALTY COMPANY, INC.



By

L. Samir Jallad

L. Samir Jallad

THIS "CONTINUATION CERTIFICATE" MUST BE FILED WITH THE ABOVE BOND.

ACKNOWLEDGMENT OF SURETY

STATE OF FLORIDA
COUNTY OF ORANGE

On this 22nd day of November 2004 before me, a Notary Public in and for said County, personally appeared, L Samir Jallad, Attorney-in-Fact personally known to me, who being by me duly sworn, did say that he is the aforesaid Attorney-in-Fact of the ACCREDITED SURETY AND CASUALTY COMPANY, INC., a corporation duly organized and existing under the laws of the State of Florida, that the seal affixed to the foregoing instrument is the corporate seal of said corporation, that the said instrument was signed, sealed and executed on behalf of said corporation by authority of its Board of Directors, and further acknowledge that the said instrument and the execution thereof to be the voluntary act and deed of said corporation.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal the day and year last above written.

SARA RUSSELL
NOTARY PUBLIC - STATE OF FLORIDA
COMMISSION # DD324595
EXPIRES 5/31/2008
BONDED THRU 1-888-NOTARY1

Sara Russell

NOTARY PUBLIC

Accredited Surety and Casualty Company, Inc.
400 South Park Avenue, Suite 320. Winter Park, FL 32789
P.O. Box 1630 Winter Park, FL 32790-1630

(888) 668 2791
(407) 629 2562
Fax (407) 629 4553