

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90317 019 ***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**

DO NOT WRITE IN THIS SPACE



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1533296

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HUDMON, MABEL LEA
4460 2ND ST.
VERO BEACH, FL 32968**

**DO NOT WRITE
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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HUDMON, MABEL LEA 4460 2ND ST. VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HUDMON, GARY D 4460 2ND STREET VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

Mabel Lea Hudmon Mabel Lea Hudmon / President

4-17-06 772-567-5909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DS-1

Daytime Phone #

Accredited

ATTACHMENT

40071557

A Property & Casualty Insurer Since 1971

#451382

CONTINUATION CERTIFICATE

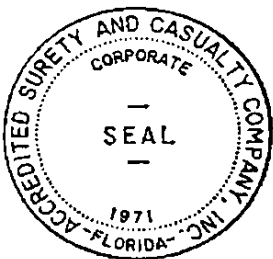
Bond Number: 970047
Principal Name: PATIO PAWN SHOP INC.
Obligee: DEPT. OF AGRICULTURE. STATE OF FL.
Bond Amount: \$ 10,000.00
Bond Description: PAWNBROKERS
Term Beginning: 3/4/2006
Term Ending: 3/3/2007

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 10th day of November 2005 .

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 10th day of November 2005 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

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(407) 629 2562
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