

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # 544965

1. Entity Name
SAM'S PAWN SHOP, INC.



Principal Place of Business
**2309 WEST FAIRFIELD DR.
PENSACOLA, FL 32505**

Mailing Address
**2309 WEST FAIRFIELD DR.
PENSACOLA, FL 32505**



04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1797019

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GARRETT, BEN D
2309 W FAIRFIELD DR
PENSACOLA, FL 32505**

**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, 2008 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
**PD
GARRETT, BEN
4731 COCHISE ST
PENSACOLA, FL 32526**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GARRETT, DANIEL P
4528 FORSYTH ST.
BAGDAD, FL 32530**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000927573
05/20/08-80106-019 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/08 433-7077

Date

Daytime Phone #