


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 30, 2008 08:00 AM
Secretary of State

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| DOCUMENT # 556968 1. Entity Name PETE'S PAWN SHOP, INC. |  |
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| Principal Place of Business 519 W. BAY STREET JACKSONVILLE, FL 32202 US | Mailing Address C/O MORRIS & MORRIS, PA PO BOX 56375 JACKSONVILLE, FL 32241-375 US |
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04252008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-1814861 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent LESNIK, PETER L. 519 W BAY STREET JACKSONVILLE, FL 32202 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating)

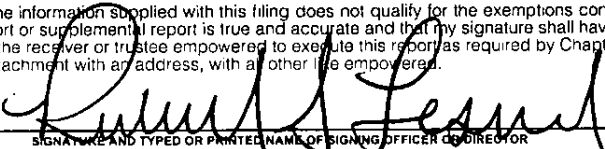
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05/23/08-80632-013 150.00

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LESNIK, PETER L. 519 W BAY STREET JACKSONVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD LESNIK, PHYLLIS S. 519 W BAY STREET JACKSONVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LESNIK, RICHARD S. 519 W BAY STREET JACKSONVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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 fee empowered.

SIGNATURE:  **4/28/08**

Date Daytime Phone #