

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90214 002 ***150.00

DOCUMENT # 688282

1. Entity Name
CASH & ASSOCIATES, INC.



Principal Place of Business

**787 7TH AVENUE
49TH FLOOR
NEW YORK, NY 10019**

Mailing Address

**C/O NFP, 787 SEVENTH AVE.
49TH FLOOR
NEW YORK, NY 10019**

94070762



2. Principal Place of Business

11 South Bumby Ave.

3. Mailing Address

Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite 150

City & State

Orlando, FL

City & State

Zip

32803

Country

USA

Country

4. FEI Number

59-2023430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME CASH, JOHN T JR
STREET ADDRESS 11 SOUTH BUMBY AVE., #150
CITY-ST-ZIP ORLANDO, FL 32803

TITLE VPS ☐ Delete
NAME CASH, JOHN T III
STREET ADDRESS 11 S. BUMBY AVE., S #150
CITY-ST-ZIP ORLANDO, FL 32803

TITLE VP ☐ Delete
NAME LIESER, LORI M
STREET ADDRESS 500 W. MADISON, SUITE 3650
CITY-ST-ZIP CHICAGO, IL 60661

TITLE D ☐ Delete
NAME CASH, JOHN T JR
STREET ADDRESS 500 W. MADISON, SUITE 3650
CITY-ST-ZIP CHICAGO, IL 60661

TITLE D ☐ Delete
NAME CASH, JOHN T III
STREET ADDRESS 500 W. MADISON, SUITE 3650
CITY-ST-ZIP CHICAGO, IL 60661

TITLE D ☐ Delete
NAME BECKER, LAWRENCE
STREET ADDRESS 787 SEVELLE AVE 49TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10019

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☒ Change ☐ Addition
NAME Cash, John T Jr
STREET ADDRESS 11 South Bumby Ave, #150
CITY-ST-ZIP Orlando, FL 32803

TITLE VSD ☒ Change ☐ Addition
NAME Cash, John T III
STREET ADDRESS 11 South Bumby, #150
CITY-ST-ZIP Orlando, FL 32803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Change ☐ Addition
NAME Hammond, Douglas
STREET ADDRESS 787 Seventh Ave, 49th Fl.
CITY-ST-ZIP New York, NY 10019

TITLE V ☒ Change ☐ Addition
NAME Scherr Olson, Stephanie
STREET ADDRESS 787 Seventh Ave, 49th Fl.
CITY-ST-ZIP New York, NY 10019

TITLE D ☒ Change ☐ Addition
NAME Zuccaro, Robert
STREET ADDRESS 787 Seventh Ave, 49th Fl.
CITY-ST-ZIP New York, NY 10019

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-04 312-985-5700