

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 20, 2007 08:00 AM
Secretary of State

DOCUMENT # F19719

1. Entity Name
CASH A CHECK OF N. FLORIDA, INC.



Principal Place of Business

1020-10 N. EDGEWOOD AVE.
JACKSONVILLE, FL 32254 US

Mailing Address

1020-10 N. EDGEWOOD AVE.
JACKSONVILLE, FL 32254 US

DO NOT WRITE IN THIS SPACE



01062007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2745274

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRAZIER, ROBINSON, W. ATTY
1515 RIVERSIDE AVE
JACKSONVILLE, FL 32204

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KAHN, STEVEN L.
STREET ADDRESS 1020-10 NO. EDGEWOOD AVE
CITY-ST-ZIP JACKSONVILLE, FL

TITLE STD
NAME KAHN, JEROME H.
STREET ADDRESS 1020-100 N. EDGEWOOD AVE
CITY-ST-ZIP JACKSONVILLE, FL

TITLE VD
NAME KAHN, ESTHER J.
STREET ADDRESS 1020-10 EDGEWOOD AVE. NO
CITY-ST-ZIP JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000766458
06/20/07-80001-017 150.00

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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

6/15/07

Date

904-783-9955

Daytime Phone #