


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F19719</b>	
1. Entity Name <b>CASH A CHECK OF N. FLORIDA, INC.</b>	

Principal Place of Business <b>1020-10 N. EDGEWOOD AVE. JACKSONVILLE, FL 32254 US</b>	Mailing Address <b>1020-10 N. EDGEWOOD AVE. JACKSONVILLE, FL 32254 US</b>
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**DO NOT WRITE IN THIS SPACE**



01062008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2745274</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

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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)

Signature, typed or printed name of registered agent and title if applicable. DATE

<b>FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAHN, STEVEN L. 1020-10 NO. EDGEWOOD AVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KAHN, JEROME H. 1020-100 N. EDGEWOOD AVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAHN, ESTHER J. 1020-10 EDGEWOOD AVE. NO JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERZOG, DONNA 1455 ATLANTIC BLVD NEPTUNE BEACH, FL 32266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAN ASTEN, ELIZABETH 1020-10 NO. EDGEWOOD AVE JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/03/08-80015-026 150.00

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: *S.P. M* 4/30/08 904-713-5558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #