

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90043 034 ***150.00

DOCUMENT # F99000001380	
1. Entity Name BUDGET PREPAY, INC.	

Principal Place of Business 6901 W 70TH STREET SHREVEPORT, LA 71129	Mailing Address PO BOX 19360 SHREVEPORT, LA 71149
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2. Principal Place of Business - No P.O. Box # 1325 Barksdale Blvd.	3. Mailing Address 1325 Barksdale Blvd.
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200

City & State Bossier City, LA	City & State Bossier City, LA
Zip 71111	Country USA

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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40000100



04192007 Chg-P CR2E034 (12/06)

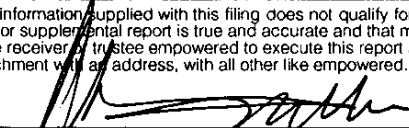
4. FEI Number 72-1335380	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D HYDE JR, R D 5709 SHORELINE DRIVE SHREVEPORT, LA 71119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HYDE III, R D 9415 ACADIANA PLACE BLVD SHREVEPORT, LA 71115 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASON, TONY 11295 HERITAGE OAK SHREVEPORT, LA 71106 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYDE, STEPHEN 9415 ACADIANA PLACE BLVD SHREVEPORT, LA 71115 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MAGEE, ART 9501 OVERCROSS STREET SHREVEPORT, LA 71106 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 	R D Hyde, Jr., President 4/24/07 38-671-5000