FILED Mar 13, 2006 8:00 am Secretary of State

2006	ANNU	JAL REP	IUN
			

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1. Entity Name	MENT # G81002 YE PAWN AND GUN, INC.					3-13-2006 90	0063 024 *	**150.0	O
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Suite, Apt. #, etc.		Julio, Apr. W. Cic.	Suite, Apt. #, etc.		03012006	Chg-P	CR2E034	(11/05)	
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Zip	Country	Zip	Coun	59-2364565					
Ζiμ	Country	Z.(p	Coon	ıry	5. Certificate of	Status Desired		B.75 Addi e Required	
	S Name and Address of Course	Paulatanad Amant			2 Name and 6	ddaaa af Naw E			
	6. Name and Address of Current	Registered Agent		Name	7. Name and A	ddress of New F	registered AB	ent	
IECEDEV	P. HAWKINS		1	Name					
	IN STREET			Street Address	s (P.O. Box Number	is Not Acceptable	e)		
	ADE, FL 33430						·		
	, (E 00400								ļ
								1 2:- C- J	
				City			FL	Zip Code	9
8. The above	named entity submits this statement for	or the purpose of changing it	s registere	ed office or regist	tered agent, or both	in the State of Fle	orida. I am far	niliar with.	and accept
	tions of registered agent.		-	-	<u>-</u>				
SIGNATURE_	Signature, typed or printed name of registered agent	O(A) and the if accidence is able to a	TF: Regretere	d Agent signature requi	ired when (MISSIsher)		DATE		
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