2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 10, 2007 08:00 Al Secretary of State DOCUMENT # H04874 1. Entity Name CASSAT GUN AND PAWN SHOP, INC. Principal Place of Business Mailing Address 858 CASSAT AVENUE 858 CASSAT AVENUE JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 59-2418474 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSE, JIMMY G. Street Address (P.O. Box Number is Not Acceptable) 858 CASSAT AVENUE JACKSONVILLE FL 32205 City Zip Code 8. The above named entity submits this statement for the parpose of changing its registered office or registered agent, or both, in the State of Florida, i am familiar with, and accept the obligations of rogistored agent. SIGNATURE (NOTE: Registered Agent signature regu FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. LITLE Delete TITLE Change ROSE, JIMMY G. U00000698828 NAME NAME 1167 CROWN DRIVE STREET ADDRESS STREET ADDRESS 04/19/07-80018-009 150.00 JACKSONVILLE FL CITY-ST-ZIP CITY-ST-7JP ST IIILE Defete TITLE. Change ☐ Addition ROSE, LINDA L. NAME 1167 CROWN DRIVE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-7/P CITY+S1-ZIP ☐ Delcto Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP TITLE Defete TOTE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

indicated on this roport or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 Statules; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

STREET ADDRESS

-SI-ZIP CITY-SI-ZIP

I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos, I further certify that the information

SIGNATURE:

STREET ADDRESS

CHY-ST-7IP

THE AND TYPED OR FRINTED NAME OF STORING OFFICER OR DIRECTOR

4-6-2007

904-607-5378