2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# H41799

Entity Name: ACTION PAWNBROKERS OF KISSIMMEE, INC.

Current Principal Place of Business:

C/O LANIERS ANTIQUES
108 BROADWAY
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

C/O LANIERS ANTIQUES
108 BROADWAY
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-2471660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANIER,, THOMAS F DIR.
C/O LANIERS ANTIQUES
108 BROADWAY
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	MITCHELL, ANGELA LANIER	
Address:	1575 STARFISH ST.	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	VD	( ) Delete
Name:	MITCHELL, RICHARD CHARLE	
Address:	1575 STARFISH ST.	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	D	( ) Delete
Name:	LANIER, THOMAS F.,	
Address:	1634 STARFISH STREET	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	PD	( ) Delete
Name:	LANIER, SHARON C.	
Address:	1634 STARFISH CT	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	STDC	( ) Delete
Name:	LANIER, JEREMY THOMAS	
Address:	1634 STARFISH ST	
City-St-Zip:	KISSIMMEE, FL 34744	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS F. LANIER DIR 04/28/2008

Electronic Signature of Signing Officer or Director — Date