

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H41799

FILED  
Apr 28, 2012  
Secretary of State

**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

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: MITCHELL, ANGELA LANIER  
Address: 1575 STARFISH ST.  
City-St-Zip: KISSIMMEE, FL 34744

Title: VD  
Name: MITCHELL, RICHARD CHARLE  
Address: 1575 STARFISH ST.  
City-St-Zip: KISSIMMEE, FL 34744

Title: D  
Name: LANIER, THOMAS F.  
Address: 1634 STARFISH STREET  
City-St-Zip: KISSIMMEE, FL 34744

Title: STD  
Name: LANIER, SHARON C.  
Address: 1634 STARFISH CT  
City-St-Zip: KISSIMMEE, FL 34744

Title: PD  
Name: LANIER, JEREMY THOMAS  
Address: 1634 STARFISH ST  
City-St-Zip: KISSIMMEE, FL 34744

I hereby 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 all other like empowered.

SIGNATURE: THOMAS F. LANIER

D

04/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date