


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2008 08:00 AM
Secretary of State

DOCUMENT # L44232 1. Entity Name EAST BAY PAWN CO., INC.		
Principal Place of Business % RODNEY PHILLIP JUNCKER 2108 E BUSINESS HWY 98 PANAMA CITY, FL 32401	Mailing Address % RODNEY PHILLIP JUNCKER 2108 E BUSINESS HWY 98 PANAMA CITY, FL 32401	



05162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
--	--------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---

6. Name and Address of Current Registered Agent

**WIGGIN, LLOYD D
2108 E BUSINESS HWY 98
PANAMA CITY, FL 32401**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U00000952172
05/04/08-80068-012 150.00

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUNCKER, RODNEY PHILLIP 2108 E BUSINESS HWY 98 PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WIGGIN, LLOYD D. 2108 E BUSINESS HWY 98 PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WIGGIN, JEANNINE L. 2108 E BUSINESS HWY 98 PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

May 14, 08 850-767-9641
Date Daytime Phone #