2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 07, 2004 08:00 AM Secretary of State DOCUMENT # L50111 1. Entity Name FIFTY FIFTY PAWN SHOP, INC. Mailing Address Principal Place of Business 5050 E BUSINESS 98 PANAMA CITY FL 32404 5050 E BUSINESS 98 PANAMA CITY FL 32404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 59-3006277 Not Applicable Country Zip Country ZiD \$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 Name DANFORD, ROBERT J. Street Address (P.O. Box Number is Not Acceptable) 5050 E BUSINESS 98 PANAMA CITY FL 32404 City Zip Code 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 ROBERTS DAN FORD Jan FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Delete TITLE Change TITLE DANFORD, ROBERT J. NAME NAME STREET ADDRESS 5050 E BUSINESS 98 STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Change Addition ☐ Delete TITLE TMF NAME NAME U00000040352 STREET ADDRESS 02/09/04-80044-019 150.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

PRERTJUANFORD 01/31 /2004 871-5050