

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # M65649	
1. Entity Name B & W GOLD 'N PAWN, INC.	

Principal Place of Business 1602 N.E. WALDO RD. GAINESVILLE, FL 32609-3901	Mailing Address 1602 N.E. WALDO RD. GAINESVILLE, FL 32609-3901
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01082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2880511	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BUTH, SUZANNE F. 1602 NW WALDO RD GAINESVILLE, FL 32609
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	PS BUTH, SUZANNE F. 127 NW 34 STREET GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BUTH, DAVID R. 5902 NW 27 TERRACE GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Suzanne F. Buth SUZANNE F. BUTH 1/9/06 352-377-4258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #