## **FILED** Jan 27, 2005 08:00 AM Secretary of State

## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

	ANNUALI	REPURI			* 1g	
1. Entity Name	MENT # P000000169 PAWN & JEWELRY, INC.	17				
Principal Place	e of Business	Mailing Address				
5410 BAYSH		5410 BAYSHORE ROAD				
NORTH FORT	MYERS, FL 33917 US	NORTH FORT MYERS, FL 3391	7 US			
		•	•			
		· · · · · · · · · · · · · · · · · · ·				
		TINO ODA		01242005 No Chg-P CR2E034 (10/03)		
D	O NOT WRITE	IN THIS SPAC	CE	4: CHANNE		
				65-099		
				5. Certificate	e of Status Desired Status Desired Fee Required	
	6. Name and Address of Current Re	gistered Agent	I		i ea nadonad	
	or regula time wanters of wanters us	grew. wa rigorn	1			
	R, FRANCIS E		DO NOT WRITE			
4055 TAM PO BOX 4	IAMI TRAIL SUITE 30 95250					
	ARLOTTE, FL 33949		We demand the second	IN.	THIS SPACE	
	·		-			
0 The	manufacture without the statement for the	to automore of observing the societies.	od office or register	radianae e le	oth, in the State of Florida. I am familiar with, and accept	
	i named entity submits this statement for tr tions of registered agent.	e burbose or cusuding us redisten	ed onice of registe	red agent, or be	on, in the state of Florida, it are latitud with and accept	
		-		-		
SIGNATURE-	Signature, typed or printed name of registered agent and	title if applicable. (NOTE, Registere	d Agent signature require	d when reinstating)	DATE	
			<u></u>			
FIL	E NOW!!! FEE IS \$150,00	<ol> <li>Election Campaign Final Trust Fund Contribution.</li> </ol>		.00 May Be ded to Fees	U00000133324 01/28/05-80005-015 8.75	
After M	ay 1, 2005 Fee will be \$550.00	Mast Fana Continuinti.		360 10 1 805	01/28/05-80005-015 8.75	
10.	OFFICERS AND DI	RECTORS	1			
TITLE	DPS		1			
NAME STOCET ANNOCCE	CLOSE, LARRY 5410 BAYSHORE ROAD				U0000199924	
STREET ADDRESS Caty-St-Zip	NORTH FORT MYERS, FL		1		UNNNOO199924 01/28/05-80005-016 150.UU	
TITLE	VT		1		TIL COLOUR CIP FOR THE	
NAME	DEBRUYN, MARTIN		1			
STREET ADDRESS	5410 BAYSHORE ROAD		1			
CITY-ST-ZIP	NORTH FORT MYERS, FL		1			
TITLE						
NAME			1			
STREET ADDRESS CITY-ST-ZIP	and the state of t			DO	NOT WRITE	
		<u> </u>	-1	_		
TITLE NAME	and the state of t			IN	THIS SPACE	
STREET ADDRESS			1			
CITY-ST-ZIP						
TITLE			1			
NAME						
STREET ADDRESS			1			
CITY-ST-ZP		<del></del>	_			
TITLE	* Transmission					
NAME	-					
STREET ADDRESS			1			
CITY-ST-ZIP		N 800	I .			
12. I hereby indicated	certify that the information supplied with the on this report or supplemental report is tr	us tiling does not qualify for the exe ue and accurate and that my signs	emption stated in S sture shall have the	ection 119,07(3 same legal effe	<ul> <li>i)(i), Florida Statutes. I further certify that the information act as if made under oath; that I am an officer or director tes; and that my name appears in Block 10 or Block 11 if</li> </ul>	
of the co changed	rporation or the receiver or trustee empow I, or on an attachment with an address, wit	ered to execute this report as required to execute this report as required.	ired by Chapter 60	7, Florida Statul	tes; and that my name appears in Block 10 or Block 11 if	
	1 1 1 1 0	Yd	0		4	
<b>SIGNAT</b>	TURE: V VVV V		υ.p.		1-25-05	