

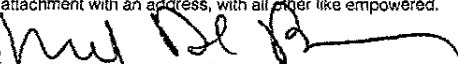


**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P00000016917</b>		
1. Entity Name <b>LARRY'S PAWN &amp; JEWELRY, INC.</b>		
Principal Place of Business <b>5410 BAYSHORE ROAD NORTH FORT MYERS, FL 33917 US</b>		Mailing Address <b>5410 BAYSHORE ROAD NORTH FORT MYERS, FL 33917 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		
01242005 No Chg-P CR2E034 (10/03)		
4. FEI Number <b>65-0996997</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>HOBAN JR, FRANCIS E 4055 TAMiami TRAIL SUITE 30 PO BOX 495250 PORT CHARLOTTE, FL 33949</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>U000000199924 01/28/05-80005-015 8.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS CLOSE, LARRY 5410 BAYSHORE ROAD NORTH FORT MYERS, FL</b>	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT DEBRUYN, MARTIN 5410 BAYSHORE ROAD NORTH FORT MYERS, FL</b>	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <b>1-25-05</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #