

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P0000021452
1. Entity Name
FLORIDA PAYROLL ADVANCE, INC.



Principal Place of Business Mailing Address
**6855 WILSON BLVD.
1
JACKSONVILLE, FL 32210** **14286-19 BEACH BLVD
JACKSONVILLE, FL 32250**



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3630926 | 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
**PLEIMAN, THOMAS C JR.
PLEIMAN & COMPANY, PA
9471 BAYMEADOWS ROAD, SUITE 308
JACKSONVILLE, FL 32256**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

1100000416950
02/13/06-80036-006 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KRUGER, RONNY 6855 WILSON BLVD. # 1 JACKSONVILLE, FL 32210 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPST KRUGER, SHERRY 6855 WILSON BLVD 41 JACKSONVILLE, FL 32210 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BRAZELL, RICHARD P 6855 WILSON BLVD #1 JACKSONVILLE, FL 32210 |
| 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: _____

Sherry P Kruger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/06 904-778-2345
Date Daytime Phone #