

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000027067

Entity Name: LAKE MIRIAM PAWN, INC.

FILED
Apr 04, 2007
Secretary of State

Current Principal Place of Business:

5359 S. FLORIDA AVE.
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

5359 S. FLORIDA AVE.
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 59-3646232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORKMAN, MICHAEL E
C/O WENDEL, CHRITTON, PARKS, WORKMAN
500 S FL AVE SUITE #800
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: LOUNDS, JAMES
Address: 5359 SOUTH FLORIDA AVE.
City-St-Zip: LAKELAND, FL 33813

Title: VT () Delete
Name: SCHAFER, JAMES E
Address: 6334 FORESTWOOD DR. E.
City-St-Zip: LAKELAND, FL 33811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SCHAFER, JAMES E
Address: 6334 FORESTWOOD DR. E.
City-St-Zip: LAKELAND, FL 33811

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E SCHAFER

VP

04/04/2007

Electronic Signature of Signing Officer or Director

Date