## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000037989

Address:

City-St-Zip:

5901 BRIARCLIFF ROAD

FORT MYERS, FL 33912

**Entity Name: AMERICAN PAWN COMPANY** 

FILED Jan 04, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1232 N. TAMIAMI TR., # 11 14930 N. CLEVELAND AVE N. FORT MYERS, FL 33903 N. FORT MYERS, FL 33903 **Current Mailing Address: New Mailing Address:** 5901 BRIARCLIFF ROAD FORT MYERS, FL 33912 FEI Number: 65-0999725 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SOOM, PETER W CRISTI, BUSBEE 1930 PARK MEADOWS DR., #5 5901 BRIARCLIFF RD FORT MYERS, FL 33907 FT. MYERS, FL 33912 US 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: CRISTI L. BUSBEE 01/04/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition BUSBEE, BRUCE P Name: Name: 5901 BRIARCLIFF ROAD Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: BUSBEE, CRISTI L Name: 5901 BRIARCLIFF ROAD Address: Address: FORT MYERS, FL 33912 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition BUSBEE, BETTY A Name: Name: 5901 BRIARCLIFF ROAD Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: ( ) Delete Title: () Change () Addition BEAR, SHIRLEY S Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: CRISTI L. BUSBEE VD 01/04/2006