


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90168 034 ***150.00

DOCUMENT # P00000110117			
1. Entity Name PREMIER PAWN & JEWELRY, INC.			
Principal Place of Business 3423 13TH ST. SAINT CLOUD FL 34769		Mailing Address 305 CHANCELLOR COURT ST CLOUD FL 34769	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3423 13th St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ST CLOUD FL	
Zip	Country	Zip	Country
		34769	U.S.A
6. Name and Address of Current Registered Agent BURKETT, JOHN 305 CHANCELLOR COURT ST CLOUD FL 34769		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 registering)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURKETT, JOHN 305 CHANCELLOR COURT ST CLOUD FL 34769 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PLUMMER, JOHN 305 CHANCELLOR COURT ST CLOUD FL 34769 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: John Burkett - JOHN BURKETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-2007 407-891-7033
Date Daytime Phone #