



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000007612			
1. Entity Name CASH IN ADVANCE OF FLORIDA, INC.			
Principal Place of Business 1204 UNDERHILL DR. JACKSONVILLE, FL 32211		Mailing Address 1204 UNDERHILL DR. JACKSONVILLE, FL 32211	
DO NOT WRITE IN THIS SPACE			
			02182004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3700282	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 PEDEN, YVONNE 1204 UNDERHILL DR. JACKSONVILLE, FL 32211		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000084408 02/24/04-80010-023 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GRIFFIN, JACK 101 BRISTOL PLACE PONTE VEDRA BEACH, FL 32082		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DASHER, ALAN 17 DEERCREEK DRIVE SAVANNAH, GA 31411		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: <u>Barbara Huff</u>		Date: <u>2/19/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	