


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**7 Jul 28, 2005 8:00 am**  
**Secretary of State**

07-07-2005 90004 002 \*\*\*158.75  
 07-28-2005 90004 040 \*\*\*400.00

|   |                             |  |   |   |  |
|---|-----------------------------|--|---|---|--|
| DOCUMENT # P01000007612   |                             |  |   |                    |  |
| 1. Entity Name<br>CASH IN ADVANCE OF FLORIDA, INC.  |                             |  |   |   |  |
| Principal Place of Business<br>1204 UNDERHILL DR.<br>JACKSONVILLE, FL 32211   |                             |  | Mailing Address<br>1204 UNDERHILL DR.<br>JACKSONVILLE, FL 32211 |   |  |
| 2. Principal Place of Business  |                             |  | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.   |                             |  | Suite, Apt. #, etc.   |   |  |
| City & State  |                             |  | City & State  |   |  |
| Zip   |                             | Country  |   | Zip   |  |
| Country   |                             | Country  |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |  |
| 4. FEI Number<br>59-3700282   |                             |  |   | Applied For<br>Not Applicable   |  |
| 07052005 Chg-P  |                             |  | CR2E034 (10/03)   |   |  |
| 5. Name and Address of Current Registered Agent   |                             |  |   | 7. Name and Address of New Registered Agent   |  |
| GRIFFIN, BARBARA<br>1204 UNDERHILL DR.<br>JACKSONVILLE, FL 32211  |                             |  |   | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>  |                             |  |   |   |  |
| FILE NOW!!! FEE IS \$150.00<br>Due by September 7, 2005   |                             | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be Added to Fees   |  |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |                             |  |   |   |  |
| 10. OFFICERS AND DIRECTORS  |                             |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           |   |  |
| TITLE   | P                           | <input type="checkbox"/> Delete  |   | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | GRIFFIN, JACK               |  |   | NAME  |  |
| STREET ADDRESS  | 101 BRISTOL PLACE           |  |   | STREET ADDRESS  | 212 N. Wind Court  |
| CITY - ST - ZIP   | PONTE VEDRA BEACH, FL 32082 |  |   | CITY - ST - ZIP   | Ponte Vedra Beach, FL 32082  |
| TITLE   | VP                          | <input type="checkbox"/> Delete  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | DASHER, ALAN                |  |   | NAME  |  |
| STREET ADDRESS  | 17 DEERCREEK DRIVE          |  |   | STREET ADDRESS  |  |
| CITY - ST - ZIP   | SAVANNAH, GA 31411          |  |   | CITY - ST - ZIP   |  |
| TITLE   |                             | <input type="checkbox"/> Delete  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                             |  |   | NAME  |  |
| STREET ADDRESS  |                             |  |   | STREET ADDRESS  |  |
| CITY - ST - ZIP   |                             |  |   | CITY - ST - ZIP   |  |
| TITLE   |                             | <input type="checkbox"/> Delete  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                             |  |   | NAME  |  |
| STREET ADDRESS  |                             |  |   | STREET ADDRESS  |  |
| CITY - ST - ZIP   |                             |  |   | CITY - ST - ZIP   |  |
| TITLE   |                             | <input type="checkbox"/> Delete  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                             |  |   | NAME  |  |
| STREET ADDRESS  |                             |  |   | STREET ADDRESS  |  |
| CITY - ST - ZIP   |                             |  |   | 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)(i), 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 Griffin</u>   |                             | Barbara Griffin  |   | 7-5-05 904-743-0003   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                             | <small>Date</small>  |   | <small>Daytime Phone #</small>  |  |

50058260



ATTACHMENT  
50058260

**Cash In Advance of Florida, Inc.**  
**1204 Underhill Drive**  
**Jacksonville, Fl. 32211**  
**904-743-0003**

July 26, 2005

Florida Department of State  
Division of Corporations  
PO BOX 6327  
Tallahassee, Fl. 32314

RE: P01000007612

To Customer Service:

Enclosed is our check for 400.00 to cover the late fee. We have already paid the 158.75 to include the 8.75 for certificate of status. Please call if there are any questions.

Sincerely,

Barbara Griffin  
Manager

