

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000008761

1. Entity Name  
CASH AM HOLDING CORP.



Principal Place of Business  
3557 LAFAYETTE RD  
INDIANAPOLIS, IN 46222

Mailing Address  
C/O CAROLE MONETTE  
8 ROOSEVELT AVE.  
OLD GREENWICH, CT 06870

07 MAR -5 PM 12:16  
STATE  
TALLAHASSEE, FLORIDA



07172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
10-0004705

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KORN, GARY  
C/O LEOPOLD KORN & LEOPOLD, P.A.  
20801 BISCAYNE BLVD., SUITE 501  
AVENTURA, FL 33180

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

600081633416  
11/08/06--01036--003 \*\*150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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

TITLE D  
NAME MONETTE, CAROLE  
STREET ADDRESS 8 ROOSEVELT AVE.  
CITY-ST-ZIP OLD GREENWICH, CT 06870

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**REINSTATEMENT**

**DO NOT WRITE  
IN THIS SPACE**

600081633416  
03/16/07--01011--028 \*\*150.00

600081633416  
03/16/07--01011--029 \*\*150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Oct 15, 06*