


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000085175	
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1. Entity Name

CAPITAL PAWN & FINANCIAL SERVICES OF TAMPA, INC.

Principal Place of Business

9501 NORTH NEBRASKA AVE
TAMPA FL 33612

Mailing Address

9501 NORTH NEBRASKA AVE
TAMPA FL 33612

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Same

City & State

Same

Zip

Country

Zip

Country

Same

Same

Same

Same

6. Name and Address of Current Registered Agent

CACCIATORE, JOSEPH
9501 NORTH NEBRASKA AVE
TAMPA FL 33612

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

Joseph Cacciatore

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CACCIATORE, JOSEPH	
STREET ADDRESS	9501 NORTH NEBRASKA AVE	
CITY- ST- ZIP	TAMPA FL 33612	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UN0000289153	
STREET ADDRESS	04/06/05-80013-015 150.00	
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Joseph Cacciatore

Joseph Cacciatore CEO

813-915-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #