2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)				FILED	
DOCUMENT # P01000085175 1. Entity Name				Apr 06, 2005 08:00 All Secretary of State	
CAPITAL PAWN & FINANCIAL SERVICES OF TAMPA, INC.					
Principal Place of Business Mailing Address				7	
9501 NORT TAMPA FL	TH NEBRASKA AVE 33612	9501 NORTH NEBRASK TAMPA FL 33612	A AVE	s communic its sound jidst schilt white and it and be think sites it in the state of the state of the state of	
2. Principal F	Place of Busingss	3. Mailing Address	ul		
Suite, Apt.	-	Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)	
City & Stat	Swe	City & State	ev-l	4. FEI Number 59-3740339 Applied For Not Applicable	
Zip	Country	Zip Sing	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current R	Registered Agent		7. Name and Address of New Registered Agent	
CAC	CONTOBE INCEPH		Name		
950	CCIATORE, JOSEPH D1 NORTH NEBRASKA AVE MPA FL 33612		Street Address	s (P.O. Box Number is Not Acceptable)	
-			City	FL Zip Code	
8. The above	a named entity submits this statement for	the purpose of changing its re	,		
the obligat	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 Lace 1 & Fore		Register a Agent signature require	red when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be					
	May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of	Ctate atet2		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution, Added to Fees	
10.	OFFICERS AND D	······································	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	THE	☐ Change ☐ Addition	
NAME OZOTOZ 40000000	CACCIATORE, JOSEPH		NAME	U00000289153	
STREET ADDRESS CITY-ST-ZIP	9501 NORTH NEBRASK AVE TAMPA FL 33612		STREET ADDRESS CITY-ST-ZIP	04/06/05-80013-015 150.00	
TITLE		☐ De(e(e	me	☐ Change ☐ Addition	
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NAME		<u> </u>	NAME	- • -	
STREET ADDRESS CITY-ST-ZIP			STREET AODRESS CITY-ST-ZIP		
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NAME STREET ADDRESS			NAME SEREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby of	certify that the information supplied with t	this filing does not qualify for the	he exemption stated in S	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: South Charten Toseph Cacciatore CEO 813-915-2900					
	SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER OF		Date Dayime Phone #	