2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000006109

1. Entity Name
FAMILY PAWN AND JEWELRY INC.

Principal Place of Business	Mailing Address
4152 LAKE HANCOCK ROAD LAKELAND, FL 33813	4152 LAKE HANCOCK ROAD LAKELAND, FL 33813

DO NOT WRITE IN THIS SPACE

04212005 No Chg-P CR2E034 (10/03)

4. FEI Number
26-0033547
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIMES, DENNIS L
4152 LAKE HANCOCK ROAD
LAKELAND, FL 33813

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when executing)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRIMES, DENNIS
STREET ADDRESS	4152 LAKE HANCOCK ROAD
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	TD
NAME	GRIMES, BARBARA
STREET ADDRESS	4152 LAKE HANCOCK ROAD
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	V
NAME	LAMB, ROBERT K II
STREET ADDRESS	5337 MONSERRAT DR.
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	S
NAME	LAMB, LISA L
STREET ADDRESS	5337 MONTSERRAT DR.
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Lisa L Lamb Lisa L. Lamb, secretary 4-25-05 (863)619-6105
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #