

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90133 018 \*\*\*150.00

<b>DOCUMENT # P02000006109</b> 1. Entity Name <b>FAMILY PAWN AND JEWELRY INC.</b>					
Principal Place of Business <b>4152 LAKE HANCOCK ROAD LAKELAND, FL 33813</b>			Mailing Address <b>4152 LAKE HANCOCK ROAD LAKELAND, FL 33813</b>		
2. Principal Place of Business <b>4217 S. FLORIDA AVE.</b> Suite, Apt. #, etc.			3. Mailing Address <b>4217 S. FLORIDA AVE.</b> Suite, Apt. #, etc.		
City, & State <b>Lakeland, FLORIDA</b>			City & State <b>Lakeland, FLORIDA</b>		
Zip <b>33813</b>		Country <b>U.S.A.</b>		4. FEI Number <b>26-0033547</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>GRIMES, DENNIS L 4152 LAKE HANCOCK ROAD LAKELAND, FL 33813</b>				7. Name and Address of New Registered Agent Name <b>Robert K. Lamb II</b> Street Address (P.O. Box Number is Not Acceptable) <b>4217 S. FLORIDA Avenue</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33813</b>	
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 <u><i>Robert K. Lamb II, VP</i></u> DATE <u>4-12-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIMES, DENNIS 4152 LAKE HANCOCK ROAD LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRIMES, BARBARA 4152 LAKE HANCOCK ROAD LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAMB, ROBERT K II 5337 MONSERRAT DR. LAKELAND, FL 33813	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAMB, LISA L 5337 MONSERRAT DR. LAKELAND, FL 33813	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <u><i>Lisa L. Lamb</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-12-06</u> Daytime Phone # <u>(863) 619-6105</u>		

# ATTACHMENT

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. TITLE P/VP  
NAME Lamb, Robert K. II  
STREET ADDRESS 5337 Montserrat Drive  
CITY-ST-ZIP Lakeland, Florida 33813

40048309  
#P02000006109

TITLE TD/S  
NAME Lamb, Lisa L  
STREET ADDRESS 5337 Montserrat Drive  
CITY-ST-ZIP Lakeland, Florida 33813