

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0200005720**



Entity Name  
**COLONIAL PAWN, INC.**

Principal Place of Business  
**2052 HWY 44 W  
 INVERNESS, FL 34453**

Mailing Address  
**2052 HWY 44 W  
 INVERNESS, FL 34453**



01182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0722483</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**STORANDT, ANDREW R  
 2052 HWY 44 W  
 INVERNESS, FL 34453**

**DO NOT WRITE  
 IN THIS SPACE**

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 re-registering)

DATE

**1-18-06**

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

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

000000349  
 01/30/06-80047-006 150.00

**OFFICERS AND DIRECTORS**

OFFICER	<b>D</b>
NAME	<b>STORANDT, ANDREW R</b>
DIRECT ADDRESS	<b>2052 HWY 44 W</b>
CITY-ST-ZIP	<b>INVERNESS, FL 34453</b>
TITLE	
NAME	
DIRECT ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
DIRECT ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
DIRECT ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
DIRECT ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-18-06**