

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000120011

1. Entity Name
JOSEPH LABOSCO JEWELRY & PAWN, INC.



Principal Place of Business
**114 S. BEACH STREET
DAYTONA BEACH, FL 32114**

Mailing Address
**114 S. BEACH STREET
DAYTONA BEACH, FL 32114**



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1140911	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LABOSCO, JOSEPH
114 S. BEACH STREET
DAYTONA BEACH, FL 32114-4402**

**DO NOT WRITE
IN THIS SPACE**

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 LABOSCO DATE: 1-10-05
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST- ZIP	P LABOSO, JOSEPH 3930 S PENINSULA DR DAYTONA BEACH, FL 32127
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP LABOSO, SHEILA 3930 S PENINSULA DR DAYTONA BEACH, FL 32127
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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01/12/05-80016-001 158.75

**DO NOT WRITE
IN THIS SPACE**

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: Sheila Laboso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-05 386-258-0111
Date Daytime Phone #