

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90061 048 \*\*\*150.00

<b>DOCUMENT # P03000048346</b> 1. Entity Name <b>MIKE'S QWIK CASH, INC.</b>			
Principal Place of Business <b>1809 MICCOSUKEE COMMONS RD., SUITE 108 TALLAHASSEE, FL 32308</b>		Mailing Address <b>1809 MICCOSUKEE COMMONS RD., SUITE 108 TALLAHASSEE, FL 32308</b>	
2. Principal Place of Business <b>2804 Harrison Hill Way</b> Suite, Apt. #, etc.		3. Mailing Address <b>2804 Harrison Hill Way</b> Suite, Apt. #, etc.	
City & State <b>Tallahassee, FL</b> Zip <b>32311</b> Country <b>United States</b>		City & State <b>Tallahassee, FL</b> Zip <b>32311</b> Country <b>United States</b>	
4. FEI Number <b>43-2013270</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GLOVER, RICHARD A 1809 MICCOSUKEE COMMONS RD., SUITE 108 TALLAHASSEE, FL 32308</b>		7. Name and Address of New Registered Agent Name <b>Richard A. Glover</b> Street Address (P.O. Box Number is Not Acceptable) <b>1809 Miccosukee Commons Drive</b> <b>Suite #108</b> City <b>Tallahassee, FL</b> Zip Code <b>32308</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>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARRISON, MICHAEL H SR.</b> <b>2804 HARRISON HILL WAY</b> <b>TALLAHASSEE, FL 32311</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARRISON, MICHAEL H JR.</b> <b>5801 COUNTRYSIDE DR.</b> <b>TALLAHASSEE, FL 32311</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Harrison, Michael H. Jr.</b> <b>Post Office Box 12102</b> <b>Tallahassee, FL 32317</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>[Signature]</i></u> <b>Michael H. Harrison, Sr.</b> <b>4-22-05</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			