

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069020

FILED
Feb 13, 2006
Secretary of State

Entity Name: FIRST COAST PAWN & MORE, INC.

Current Principal Place of Business:

542755 U.S. HIGHWAY 1
CALLAHAN, FL 32011

New Principal Place of Business:

Current Mailing Address:

542755 U.S. HIGHWAY 1
CALLAHAN, FL 32011

New Mailing Address:

FEI Number: 16-1665772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHINSON, KIMBAL
542755 U.S. HIGHWAY 1
CALLAHAN, FL 32011 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HUTCHINSON, KIMBAL
Address: 54397 LAWHON ROAD
City-St-Zip: CALLAHAN, FL 32011

Title: D (X) Delete
Name: TAWES, GEORGE T
Address: 54002 HOWARD ROAD
City-St-Zip: CALLAHAN, FL 32011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HUTCHINSON, KIMBAL P MR.
Address: 54397 LAWHON ROAD
City-St-Zip: CALLAHAN, FL 32011 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBAL HUTCHINSON

P

02/13/2006

Electronic Signature of Signing Officer or Director

_____ Date