


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000079721</b>	
1. Entity Name CASH DEPOT OF FLORIDA, INC.	

Principal Place of Business 8335 QUAIL RUN DR WESLEY CHAPEL, FL 33544	Mailing Address 8335 QUAIL RUN DR WESLEY CHAPEL, FL 33544
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**DO NOT WRITE IN THIS SPACE**



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0107256	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CULLUM, JOHN M  
8335 QUAIL RUN DR  
WESLEY CHAPEL, FL 33544

**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: *John M. Cullum* (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULLUM, JO ANN 8335 QUAIL RUN DR WESLEY CHAPEL, FL 33544
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04/07/05-80063-021 150.00

**DO NOT WRITE  
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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: *JO ANN CULLUM* JO ANN CULLUM, PRES 4/5/05 813 715 0800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #