

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90019 022 ***150.00

DOCUMENT # P03000125389 1. Entity Name CASH IT NOW, INC.					
Principal Place of Business 1008 BEE POND DRIVE PALM HARBOR, FL 34683			Mailing Address 1008 BEE POND DRIVE PALM HARBOR, FL 34683		
2. Principal Place of Business - No P.O. Box # 30129 U.S. 19 N. Suite, Apt. #, etc.		3. Mailing Address 30129 U.S. 19 N. Suite, Apt. #, etc.			
City & State Clearwater, FL		City & State Clearwater, FL		4. FEI Number 16-1687416	
Zip 33761	Country U.S.A.	Zip 33761	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALDEN LAKE BUSINESS SERVICES, INC 304 E. BAKER ST. STE D PLANT CITY, FL 33563				7. Name and Address of New Registered Agent Name James M. Hammond, Esq. Street Address (P.O. Box Number is Not Acceptable) 1831 N. Belcher Road, Suite A-1 City Clearwater FL Zip Code 33765	
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>James M. Hammond, Esq.</i></u> JAMES M. HAMMOND <u>1/11/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GAGNON, L 1008 BEE POND RD PALM HARBOR, FL 34683		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gagnon, Lorine 30129 U.S. 19 N. Clearwater, FL 33761	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Guterman, Diana 30129 U.S. 19 N. Clearwater, FL 33761	
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 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: <u><i>Lorine Gagnon</i></u> Lorine Gagnon <u>1/16/07</u> <u>(727)455-2141</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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01102007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable