

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90007 026 ***550.00

DOCUMENT # P03000140548

1. Entity Name

COMMUNITY PAWN, INC.



Principal Place of Business

114 BALTIC CIRCLE
TAMPA FL 33606

Mailing Address

114 BALTIC CIRCLE
TAMPA FL 33606

2. Principal Place of Business

859 W BLOOMINGDALE

3. Mailing Address

859 W BLOOMINGDALE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRANDON FL

City & State

BRANDON FL

Zip

33511

Country

USA

Zip

33511

Country

USA

4. FEI Number

59-3543487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWINEHART, LELAND L
114 BALTIC CIRCLE
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

MARK B DICKEY

Street Address (P.O. Box Number is Not Acceptable)

859 W BLOOMINGDALE AVE

City

BRANDON

FL

Zip Code

33511

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

Mark B. Dickey

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

X 8/26/04

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME
DICKY, MARK B
STREET ADDRESS
114 BALTIC CIRCLE
CITY-ST-ZIP
TAMPA FL 33606

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
P-D
STREET ADDRESS
859 W BLOOMINGDALE AVE
CITY-ST-ZIP
BRANDON FL 33511

TITLE ☐ Change ☒ Addition

NAME
MICHELLE D DICKEY
STREET ADDRESS
859 W BLOOMINGDALE AVE
CITY-ST-ZIP
BRANDON FL 33511

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Mark B. Dickey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 8/26/04

Date

X (813) 681-7926

Daytime Phone #