

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000127399**

1. Entity Name  
**PAPA'S PAWN, INC.**



Principal Place of Business  
**11248 BOYETTE ROAD  
RIVERVIEW, FL 33569 US**

Mailing Address  
**11248 BOYETTE ROAD  
RIVERVIEW, FL 33569 US**

**DO NOT WRITE IN THIS SPACE**



02242008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**51-0526872**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**RHODES, PAUL E JR  
4410 TEVALO DR  
VALRICO, FL 33594**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	RHODES, PAUL E JR
STREET ADDRESS	4410 TEVALO DR
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	VD
NAME	RHODES, PAUL E
STREET ADDRESS	4410 TREVALO DR
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	SD
NAME	RHODES, PAUL E JR
STREET ADDRESS	4410 TREVALO DR
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	TD
NAME	RHODES, PAUL E JR
STREET ADDRESS	4410 TREVALO DR
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000945124  
05/29/08-80128-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #