

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90168 037 ***150.00

DOCUMENT # P04000157482

1. Entity Name

ACTION CASH ADVANCE, INC.



Principal Place of Business

3501 DEL PRADO BLVD., SUITE 204
CAPE CORAL, FL 33904

Mailing Address

3501 DEL PRADO BLVD., SUITE 204
CAPE CORAL, FL 33904

00000004

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

818 NORTH BROAD ST.

Suite, Apt. #, etc.

03032005

Chg-P

CR2E034 (10/03)



City & State

City & State

WOODBURY, NJ

4. FEI Number

20-1969085

Applied For

Not Applicable

Zip

Country

Zip

Country

08096

GLOUCESTER

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, II, RICHARD F
3501 DEL PRADO BLVD., SUITE 204
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME WILLIAMS, II, RICHARD F
STREET ADDRESS 3501 DEL PRADO BLVD., SUITE 204
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE VP ☐ Delete
NAME WILLIAMS, RICHARD F
STREET ADDRESS 3501 DEL PRADO BLVD., SUITE 204
CITY-ST-ZIP CAPE CORAL, FL 33904

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-05