

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000038704

1. Entity Name

PREMIER CASH ADVANCE & CHECK CASHING, INC



FILED
Feb 13, 2007 08:00 AM
Secretary of State

Principal Place of Business

2506 WEST HIGHWAY 44
INVERNESS FL 34453
US

Mailing Address

POST OFFICE BOX 575
OCKLAWAHA FL 32183



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-2170631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POPE, TERRI L
12830 SE 144TH AVENUE
OCKLAWAHA FL 32179

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **POPE, TERRI L**
STREET ADDRESS **POST OFFICE BOX 575**
CITY-STATE-ZIP **OCKLAWAHA FL 32183**

TITLE ☐ Change ☐ Addition
NAME **U000000634337**
STREET ADDRESS **02/22/07-80005-015**
CITY-STATE-ZIP **150.00**

TITLE **VP** ☐ Delete
NAME **POPE, DANIEL L**
STREET ADDRESS **POST OFFICE BOX 575**
CITY-STATE-ZIP **OCKLAWAHA FL 32183**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Terri L. Pope Terri L. Pope President 02-07-07 352-341-4020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #