

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076234

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: PERRY'S GOLDEN PAWN INC.

**Current Principal Place of Business:**

3030 FOLEY RD  
PERRY, FL 32348

**New Principal Place of Business:**

**Current Mailing Address:**

3030 FOLEY RD  
PERRY, FL 32348

**New Mailing Address:**

FEI Number: 43-2079827

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BATES, PAULA  
3340 SAN PEDRO RD  
PERRY, FL 32348 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: BATES, PAULA  
Address: P O BOX 366  
City-St-Zip: PERRY, FL 32348

Title: VPT ( ) Delete  
Name: BATES, DORENE  
Address: P O BOX 103  
City-St-Zip: BRANFORD, FL 32008

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA BATES

PRES

03/31/2009

Electronic Signature of Signing Officer or Director

Date