

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000013135

FILED
Apr 11, 2007
Secretary of State

Entity Name: CENTRAL PAWN OF TALLAHASSEE, INC.

Current Principal Place of Business:

2025 HEATHERBROOK DRIVE
TALLAHASSEE, FL 32312

New Principal Place of Business:

2135 N. MONROE STREET
TALLAHASSEE, FL 32303

Current Mailing Address:

2025 HEATHERBROOK DRIVE
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 20-4280993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAGOLA, MARY
2025 HEATHERBROOK DRIVE
TALLAHASSEE, FL 32312 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: D () Delete
Name: GAGOLA, MARY
Address: 2025 HEATHERBROOK DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: GAGOLA, GREGORY
Address: 2025 HEATHERBROOK DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

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 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: MARY GAGOLA

D

04/11/2007

Electronic Signature of Signing Officer or Director

_____ Date