


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90070 026 ***150.00

DOCUMENT # P06000059324	
1. Entity Name AMERICAN VINTAGE GUN AND PAWN, INC	

Principal Place of Business 104 WEST REYNOLDS STREET PLANT CITY, FL 33563	Mailing Address POST OFFICE BOX 442 PARRISH, FL 34219 1
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40042151



2. Principal Place of Business - No P.O. Box # 4539 Northgate CT.	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Sarasota FL.	City & State
Zip 34234	Country U.S.A.

01222008 Chg-P CR2E034 (12/06)

4. FEI Number 20-5133552	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent YUKHTMAN, FELEX 104 W REYNOLDS CT #5 PLANT CITY, FL 33563

7. Name and Address of New Registered Agent Name Felex Yukhtman Street Address (P.O. Box Number is Not Acceptable) 4539 Northgate CT City Sarasota FL Zip Code 34234
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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. Felex Yukhtman 2.22.08 SIGNATURE DATE <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST YUKHTMAN, FELEX 104 W REYNOLDS CT #5 PLANT CITY, FL 33563 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Yukhtman, Felex 4539 Northgate CT. Sarasota FL. 34234 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Felex Yukhtman 2.22.08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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