

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000020389

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA CASH ADVANCE OF ALACHUA, INC.

**Current Principal Place of Business:**

15560 NW U.S. HWY 441  
SUITE 130  
ALACHUA, FL 32615 US

**New Principal Place of Business:**

**Current Mailing Address:**

15560 NW U.S. HWY 441  
SUITE 130  
ALACHUA, FL 32615 US

**New Mailing Address:**

**FEI Number:** 26-4395667

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WARD, THERESEA L  
253 RACECAR CT.  
HIGH SPRINGS, FL 32645 US

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

WARD, THERESEA L  
15321 NW 141ST STREET APT 2  
ALACHUA, FL 32615 US

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

03/15/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: WARD, THERESEA L  
Address: 15321 NW 141ST STREET APT 2  
City-St-Zip: ALACHUA, FL 32615 US

I hereby 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 all other like empowered.

SIGNATURE: THERESEA L WARD

PST

03/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date