

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000051340

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** WAKULLA PAWN AND CURIO SHOP, INC.

**Current Principal Place of Business:**

9 RAINBOW DR UNIT 8  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

9 RAINBOW DR  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

P O BOX 1206  
CRAWFORDVILLE, FL 323261206

**New Mailing Address:**

**FEI Number:** 45-2435213      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FLEMING, PHILLIP L  
43 GULF BREEZE DR  
CRAWFORDVILLE, FL 32327      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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FLEMING, PHILLIP L  
Address: 43 GULF BREEZE DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VPSD  
Name: FLEMING, SUSAN W  
Address: 43 GULF BREZE DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

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: PHILLIP L FLEMING

P

04/23/2012

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

\_\_\_\_\_  
Date