


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P93000066218 1. Entity Name AL'S PAWN AND RIFLE SHOP, INC.	
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Principal Place of Business 3682-C HIGHWAY 90 MILTON, FL 32571	Mailing Address 3682-C HIGHWAY 90 MILTON, FL 32571
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DO NOT WRITE IN THIS SPACE



02122008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1614027	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 LOCKLIN, JR, JACK 6460 JUSTICE AVE MILTON, FL 32570

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO KILBURN, ANITA F 5052 FOREST CREEK DR. PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KILBURN, ALTON T 5052 FOREST CREEK DR MILTON, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VANCE, TINA K 8707 DIAMOND ST PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANDERS, BRIAN C 5032 FOREST CREEK DR. PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Tina K. Vance / Tina K. Vance-President 2/26/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 850-994-4010