

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000066218

FILED  
Feb 21, 2009  
Secretary of State

Entity Name: AL'S PAWN AND RIFLE SHOP, INC.

## Current Principal Place of Business:

3682-C HIGHWAY 90  
MILTON, FL 32571

## New Principal Place of Business:

## Current Mailing Address:

3682-C HIGHWAY 90  
MILTON, FL 32571

## New Mailing Address:

FEI Number: 59-1614027

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOCKLIN, JR, JACK  
6460 JUSTICE AVE  
MILTON, FL 32570 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: COO ( ) Delete  
Name: KILBURN, ANITA F  
Address: 5052 FOREST CREEK DR.  
City-St-Zip: PACE, FL 32571

Title: ST (X) Delete  
Name: KILBURN, ALTON T  
Address: 5052 FOREST CREEK DR  
City-St-Zip: MILTON, FL 32571

Title: P ( ) Delete  
Name: VANCE, TINA K  
Address: 8707 DIAMOND ST  
City-St-Zip: PACE, FL 32571

Title: V ( ) Delete  
Name: SANDERS, BRIAN C  
Address: 5032 FOREST CREEK DR.  
City-St-Zip: PACE, FL 32571

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: ANITA F KILBURN

COO

02/21/2009

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

\_\_\_\_\_  
Date