2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State
04-03-2006 90365 030 ***150.00

03282006 Chg-P CR2E034 (11/05)

DOCUMENT # P94000018159

1. Entity Name
PAWN PLUS INC.

Principal Place of Business	Mailing Address
1003-C JOHN SIMS PARKWAY NICEVILLE, FL 32578	1003-C JOHN SIMS PARKWAY NICEVILLE, FL 32578

2. Principal Place of Business	3. Mailing Address
404 John Sims Pkwy. W.	404 John Sims Pkwy. W.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Niceville, FL	City & State: Niceville, FL
Zip: 32578 Country: Okaloosa	Zip: 32578 Country: Okaloosa

4. FEI Number 59-3244409 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
INGRAM, DOUGLAS T JR
912 S PALM BLVD
NICEVILLE, FL 32578

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RUCKEL, MARTY 1003-C JOHN SIMS PARKWAY NICEVILLE, FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 404 John Sims Pkwy. W. Niceville, FL 32578
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD RUCKEL, PHYLLIS 1003-C JOHN SIMS PARKWAY NICEVILLE, FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 404 John Sims Pkwy. W. Niceville, FL 32578
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Phyllis M. Ruckel 4-27-6 850-678-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Phyllis M. Ruckel