


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90054 045 ***150.00

DOCUMENT # P94000018159 1. Entity Name PAWN PLUS INC.			
Principal Place of Business 404 JOHN SIMS PKWY W NICEVILLE, FL 32578		Mailing Address 404 JOHN SIMS PKWY W NICEVILLE, FL 32578	
2. Principal Place of Business - No P.O. Box # 1025 John Sims Pkwy Suite, Apt. #, etc.		3. Mailing Address 1025 John Sims Pkwy Suite, Apt. #, etc.	
City & State Niceville, FL Zip 32578		City & State Niceville, FL Zip 32578	
Country USA		Country USA	
4. FEI Number 59-3244409		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 INGRAM, DOUGLAS T JR 912 S PALM BLVD NICEVILLE, FL 32578		7. Name and Address of New Registered Agent Name MARTY RUCKEL Street Address (P.O. Box Number if Not Applicable) 1025 John Sims Pkwy City & State Niceville FL 32578	
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: Phyllis M. Ruckel 1-17-8 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete NAME RUCKEL, MARTY STREET ADDRESS 407 JOHN SIMS PKWY W CITY-ST-ZIP NICEVILLE, FL 32578	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VSTD <input type="checkbox"/> Delete NAME RUCKEL, PHYLLIS STREET ADDRESS 404 JOHN SIMS PKWY W CITY-ST-ZIP ORLANDO, FL 32878	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1-17-8 Daytime Phone # 880-678-5600	