2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000042142

1. Entity Name
BIG CASH PAWN NO. 3, INC.

Principal Place of Business	Mailing Address
276 BLANDING BLVD ORANGE PARK, FL 32073 US	276 BLANDING BLVD ORANGE PARK, FL 32073 US

40085760

DO NOT WRITE IN THIS SPACE

04202007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
~~79-3250171~~ 59-3250171	Not Applicable

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

6. Name and Address of Current Registered Agent

WILLAIMSON, BILL P.
276 BLANDING BLVD
ORANGE PARK, FL 32073

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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 _____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLIAMSON, BILL P
STREET ADDRESS	276 BLANDING BLVD
CITY-ST-ZIP	ORANGE PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   4-20-07   904 276-4840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #