


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000068279  
 1. Entity Name  
 SUPER PAWN & GUN INC.



Principal Place of Business      Mailing Address  
 729 NORTHWEST 10TH STREET      729 NORTHWEST 10TH STREET  
 OCALA, FL 34475      OCALA, FL 34475

**DO NOT WRITE IN THIS SPACE**



02072004      No.Chg-P      CR2E034 (10/03)

4. FEI Number 69-3277790	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MEHAFFEY, DEBBIE  
 729 NORTHWEST 10TH STREET  
 OCALA, FL 34475

**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 \_\_\_\_\_ 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, 2004 Fee will be \$550.00**

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

U00000088395  
 03/15/04-80050-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MEHAFFEY, JAQUELINE 23155 NE HWY 314 FORT MC COY, FL 32134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MEHAFFEY, MARTIN 8697 W ANTHONY RD OCALA, FL 33479
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MEHAFFEY, DEBBIE 23155 N.E. HWY 314 FORT MC COY, FL 32134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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: Debbi N. MehaFFEY      3-11-2004      352-622-9494  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #