

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90080 002 \*\*\*158.75

<b>DOCUMENT # P95000014822</b> 1. Entity Name <b>DOWNTOWN PAWN &amp; GUN, INC.</b>					
Principal Place of Business <b>29 NE FIRST AVE OCALA, FL 34470</b>		Mailing Address <b>107 NE 1ST AVE OCALA, FL 34470 US</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3297969</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FLANAGAN, GREGORY S ONE NE FIRST AVE SUITE 303 OCALA, FL 34470</b>				7. Name and Address of New Registered Agent Name <b>Gary Bennett</b> Street Address (P.O. Box Number is Not Acceptable) <b>29 NE 1st Ave.</b> City <b>Ocala</b> FL <b>34470</b>	
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 <u><b>Gary Bennett</b></u> <i>Gary Bennett</i> <b>1-16-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, GARY 29 NE FIRST AVE OCALA, FL 34470	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BENNETT, ROBERT A 29 NE 1ST AVENUE OCALA, FL 34470	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
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: <u><i>Gary Bennett</i></u> <b>Gary Bennett</b>				<b>1-16-04 (352)629-1171</b> <small>Date Daytime Phone #</small>	

94029049



01122004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3297969**  
Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent  
Name **Gary Bennett**  
Street Address (P.O. Box Number is Not Acceptable)  
**29 NE 1st Ave.**  
City **Ocala** FL **34470**

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 **Gary Bennett** *Gary Bennett* **1-16-04**  
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, 2004 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BENNETT, GARY  
29 NE FIRST AVE  
OCALA, FL 34470

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
BENNETT, ROBERT A  
29 NE 1ST AVENUE  
OCALA, FL 34470

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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SIGNATURE: *Gary Bennett* **Gary Bennett**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-16-04 (352)629-1171**

Date Daytime Phone #