


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000007937

1. Entity Name
MR. MONEY PAWN & GUN, INC.



Principal Place of Business
**3315 EAST HILLSBOROUGH AVENUE
TAMPA FL 33610**

Mailing Address
**3315 EAST HILLSBOROUGH AVENUE
TAMPA FL 33610**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-2946036** Applied For (Not Applicable)

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

6. Name and Address of Current Registered Agent
**FERNANDEZ, KRISTOPHER E ESQ.
307 SO. BOULEVARD STE D
TAMPA FL 33606**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DABNEY, ARTHUR 3315 EAST HILLSBOROUGH AVENUE TAMPA FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANCOCK, CARL 3315 EAST HILLSBOROUGH AVENUE TAMPA FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Arthur Dabney **1-25-2006** **813-2363600**

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