

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90186 050 ***150.00

DOCUMENT # P96000010828

1. Entity Name
AUTOMOBILE TITLE LOANS OF FLORIDA, INC.



Principal Place of Business

**619-1 CASSAT AVE
JACKSONVILLE, FL 32205**

Mailing Address

**619-1 CASSAT AVE
JACKSONVILLE, FL 32205**

2. Principal Place of Business

2852 NAVAJO ROAD

Suite, Apt. #, etc.

3. Mailing Address

2852 NAVAJO ROAD

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

Zip

32065

Country

City & State

ORANGE PARK, FL

Zip

FL 32065

Country

04262005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3366373

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ISAAC, FRED C
2468 ATLANTIC BLVD
JACKSONVILLE, FL 32207**

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

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, 2005 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** ☐ Delete
NAME **KORI, CHARLES**
STREET ADDRESS **2852 NAVAJO RD**
CITY-ST-ZIP **ORANGE PARK, FL 32065**

TITLE **D** ☐ Delete
NAME **RUNION, JOHN**
STREET ADDRESS **619-1 CASSAT AVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32205**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Charles Kori

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05

Date

904/213-9990

Daytime Phone #