


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000015357 1. Entity Name CASH STOP, INC.	
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Principal Place of Business 1825 S. ADAMS ST. TALLAHASSEE, FL 32301	Mailing Address 1825 S. ADAMS ST. TALLAHASSEE, FL 32301
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DO NOT WRITE IN THIS SPACE



08022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3364477	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

REED, CHARLES J.
2828 REMINGTON GREEN SOUTH
TALLAHASSEE, FL 32308

**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 <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstalling)	DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCONYERS, DALE 344 MEADOW RIDGE DRIVE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SCONYERS, SUZANNE 344 MEADOW RIDGE DRIVE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000169349
08/04/04-80004-005 150.00

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IN THIS SPACE**

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 8/2/04 850-222-0911 Daytime Phone #
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