


**2006 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000063468**  
 1. Entity Name  
**PARK AVENUE, GUN & PAWN, INC.**




Principal Place of Business Mailing Address  
**72 E. MAIN STREET** **72 E. MAIN STREET**  
**APOPKA FL 32703** **APOPKA FL 32703**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. State, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

1st MOORE CR2E034 (10/05)  
 4. FEI Number **59-3386726** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SAYRE, JOHN D**  
**72 E. MAIN STREET**  
**APOPKA FL 32703**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when Existing)

**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 Added to Fees  
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>OSHRMAN, HARRY B</b>	NAME	
STREET ADDRESS	<b>5147 DORA DRIVE</b>	STREET ADDRESS	<b>U000000507886</b>
CITY-ST-ZIP	<b>MOUNT DORA FL 32757</b>	CITY-ST-ZIP	<b>04/27/06-80081-007 150.00</b>
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>SAYRE, JOHN</b>	NAME	
STREET ADDRESS	<b>72 E MAIN ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL 32703</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 807, 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:**  **4-11-06 9078860797**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #