

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 24 PM 3:25

DOCUMENT # P96000096685 1. Entity Name CASH TO GO, INC.					
Principal Place of Business 521 VIRGINIA DR WINTER PARK, FL 32789 US			Mailing Address P O BOX 2663 WINTER PARK, FL 32790-2663 US		
2. Principal Place of Business - No P.O. Box # 8401 MURRAY COURT Suite, Apt. #, etc.		3. Mailing Address 8401 MURRAY COURT Suite, Apt. #, etc.			
City & State SANFORD, FL Zip 32771		City & State SANFORD, FL Zip 32771		4. FEI Number 59-3415929	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEISS, HERBERT 521 VIRGINIA DR WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name MICHOLA, DOUGLAS V. Street Address (P.O. Box Number is Not Acceptable) 8401 MURRAY COURT City SANFORD FL Zip Code 32771		
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><i>Douglas V. Michola</i></u> DOUGLAS V. MICHOLA <u>8/29/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEISS, HERBERT 521 VIRGINIA DR WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700110518547 10/09/07--01016--011 **\$61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MICHOLA, DOUGLAS V 8401 MURRAY COURT SANFORD, FL 32771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DPST MICHOLA, DOUGLAS V. 8401 MURRAY COURT SANFORD, FL 32771	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>Douglas V. Michola</i></u> DOUGLAS V. MICHOLA, <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			PRESIDENT <u>8/29/07</u> <u>407-415-4259</u> <small>Date Daytime Phone #</small>		