

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 10, 2004 08:00 AM
Secretary of State

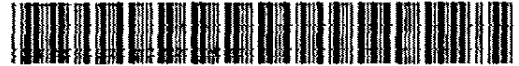
DOCUMENT # P96000099464

1. Entity Name
CASH CONVERTERS OF CENTRAL FLORIDA INC.



Principal Place of Business
**200 E. MONUMENT AVENUE
SUITE C
KISSIMMEE, FL 34741**

Mailing Address
**200 E. MONUMENT AVENUE
SUITE C
KISSIMMEE, FL 34741**



05052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TUCKER, GERALD R
200 E. MONUMENT AVENUE
SUITE C
KISSIMMEE, FL 34741**

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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TUCKER, GERALD R 200 E MONUMENT AVE #C KISSIMMEE, FL
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05/10/04-60029-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), 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: CCF 1000 GERALD TUCKER 5/7/4 407-846-7115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #