## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 29, 2005 8:00 am Secretary of State 04-29-2005 90186 049 \*\*\*150.00 **DOCUMENT # P97000001137** COUNTY TITLE LOANS, INC. Principal Place of Business Mailing Address 2852 NAVAJO ROAD 2852 NAVAJO ROAD 50045002 ORANGE PARK, FL 32065 ORANGE PARK, FL 32065 CR2E034 (10/03) 04262005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3425106 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KORI, CHARLES W DO NOT WRITE 2852 NAVAJO ROAD ORANGE PARK, FL 32065 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE n KORI, CHARLES W NAME STREET ADDRESS 2852 NAVAJO ROAD ORANGE PARK, FL 32065 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:** 

STREET ADDRESS CITY-ST-ZIP

Charles Koui

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED