2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005 8:00 am
Secretary of State
08-22-2005 90059 004 ***550.00

DOCUMENT # P97000063384

1. Entity Name
NATIONAL CHECK CASHING OF PENSACOLA, INC.

Principal Place of Business	Mailing Address
4497 MOBILE HWY. PENSACOLA, FL 32506	4497 MOBILE HWY. PENSACOLA, FL 32506

2. Principal Place of Business	3. Mailing Address
909 E. FAIRFIELD DR.	909 E. FAIRFIELD DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip: 32503-2816 Country:	Zip: 32503-2816 Country:

08152005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3474015 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAIRD, KATHERINE J 4497 MOBILE HWY. PENSACOLA, FL 32506	Name Street Address (P.O. Box Number is Not Acceptable) 909 E. FAIRFIELD DR. City: FL Zip Code: 32503-2816

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: _____ KATHERINE J. BAIRD PRES 8-16-05
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P BAIRD, KATHERINE J 4497 MOBILE HWY. PENSACOLA, FL 32506	☐ Delete	PRES KATHERINE J BAIRD 909 E. FAIRFIELD DR. PENSACOLA, FL 32503-2816	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: _____ KATHERINE J BAIRD PRES 8-16-05 850-439-9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #