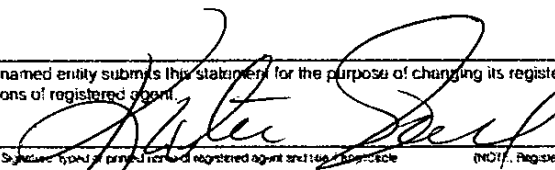
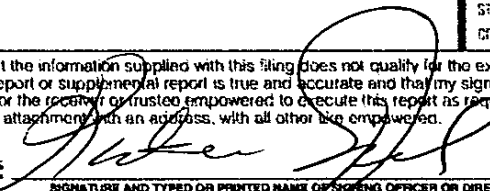


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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 4497 MOBILE HWY. PENSACOLA, FL 32506				Mailing Address 4497 MOBILE HWY. PENSACOLA, FL 32506	
2. Principal Place of Business 909 E. FAIRFIELD DR. Suite, Apt. #, etc.		3. Mailing Address 909 E. FAIRFIELD DR. Suite, Apt. #, etc.			
City & State Zip 32503-2816 Country		City & State 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 BAIRD, KATHERINE J 4497 MOBILE HWY. PENSACOLA, FL 32506			7. Name and Address of New Registered Agent 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 for and registered agent and 156, 156, 156 (NOT: Registered Agent signature required when re-registering) 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES KATHERINE J BAIRD 909 E. FAIRFIELD DR. PENSACOLA, FL 32503-2816	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 secretary 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 FILING OFFICER OR DIRECTOR Date Daytime Phone #					

30064331