


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90094 013 ***150.00

DOCUMENT # P97000098519 1. Entity Name A-1 CASH ADVANCE, INC.																											
Principal Place of Business 6849 SE MARICAMP RD OCALA, FL 34472 US		Mailing Address 6849 SE MARICAMP RD OCALA, FL 34472 US																									
2. Principal Place of Business A-1 CASH ADVANCE, INC. Suite, Apt. #, etc. 15909 E Hwy 40 City & State Silver Springs FL Zip 34488		3. Mailing Address A-1 Cash Advance, INC Suite, Apt. #, etc. P.O. Box 64 City & State Eastlake Weir, FL Zip 32133																									
4. FEI Number 59-3481110		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BLANCHARD, DOCK A 4 S.E. BROADWAY OCALA, FL 34471		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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>Harry M. Dansby</i></u> 2-01-05 <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00.		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																									
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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: <u><i>Harry M. Dansby</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>02-01-05</u> <small>Date Daytime Phone #</small>																									

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