

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 08:00 AM
Secretary of State

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1. Entity Name

AMERICAN PAWN OF OCALA, INC.



Principal Place of Business

14 SW 1ST AVE.
OCALA, FL 34471

Mailing Address

14 SW 1ST AVE.
OCALA, FL 34471



04202004

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4. FEI Number

59-3495285

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75

0000000000

6. Name and Address of Current Registered Agent

PORTER, MICHAEL
14 SW 1ST AVE.
OCALA, FL 34471

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

Michael Porter

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00

0000000000

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PORTER, WALTER L
STREET ADDRESS	14 SW 1ST AVE.
CITY - ST - ZIP	OCALA, FL 34471
TITLE	D
NAME	PORTER, MICHAEL
STREET ADDRESS	14 SW 1ST AVE.
CITY - ST - ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/07/04-80010-010 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. 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 or other like empowered

SIGNATURE:

Michael Porter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/04

Daytime Phone #