FILED
Feb 09, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000065849

1. Entity Name
PAWN DEPOT OF COUNTRYSIDE, INC.

Principal Place of Business	Mailing Address
29344 US HWY 19 NORTH CLEARWATER, FL 33761	29344 US HWY 19 NORTH CLEARWATER, FL 33761

DO NOT WRITE IN THIS SPACE

01212004 No Chg-P CR2E094 (10/00)

4. FEI Number
59-3604326

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COULOMBE, MARTIN
29344 US HWY 19 NORTH
CLEARWATER, FL 33761

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6. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000041138
02/09/04-80079-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MYERS, EUGENE M
STREET ADDRESS	9251 98TH AVENUE NORTH
CITY-ST-ZIP	SEMINOLE, FL 33777
TITLE	STD
NAME	COULOMBE, MARTIN
STREET ADDRESS	29344 US HWY 19 NORTH
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	D
NAME	WILLIS, RONALD
STREET ADDRESS	1360 CLEVELAND STREET
CITY-ST-ZIP	CLEARWATER, FL 33755
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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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: Martin Coulombe 01-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FROM :LEVERITTANDASSOCIATES PA FAX NO. :7273277725 Feb. 04 2004 02:31PM P1