

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000065849

1. Entity Name  
PAWN DEPOT OF COUNTRYSIDE, INC.



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

Mailing Address  
29344 US HWY 19 NORTH  
CLEARWATER, FL 33761

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**



01122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3604326	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MYERS, EUGENE M 9251 98TH AVENUE NORTH SEMINOLE, FL 33777
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COULOMBE, MARTIN 29344 US HWY 19 NORTH CLEARWATER, FL 33761
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIS, RONALD 1360 CLEVELAND STREET CLEARWATER, FL 33755
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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1100000510007  
04/28/06-80066-020 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like empowered.

SIGNATURE: Martin Coulombe MARTIN Coulombe 04-11-06 727-539-8061  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #