

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

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



01082007 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 ☐ \$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, 2007 Fee will be \$550.00**

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

000000606262
01/30/07-80072-006 150.00

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

**DO NOT WRITE
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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-25-01

Date

727-786-1202

Daytime Phone #