


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000065849</b> 1. Entity Name PAWN DEPOT OF COUNTRYSIDE, INC.	
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Principal Place of Business 29344 US HWY 19 NORTH CLEARWATER, FL 33761	Mailing Address 29344 US HWY 19 NORTH CLEARWATER, FL 33761
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**DO NOT WRITE IN THIS SPACE**

01152008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent  COULOMBE, MARTIN 29344 US HWY 19 NORTH CLEARWATER, FL 33761	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MYERS, EUGENE M 9251 98TH AVENUE NORTH SEMINOLE, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COULOMBE, MARTIN 29344 US HWY 19 NORTH CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIS, RONALD 1360 CLEVELAND STREET CLEARWATER, FL 33755
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01/28/08-80052-008 150.00

**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:** Martin Coulombe **MARTIN Coulombe** 01-21-08 727-215-4584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Domicile Phone #