

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000084879

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: CASH OUTLET INCORPORATED

## Current Principal Place of Business:

400 N BREVARD AVE  
ARCADIA, FL 34266 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1400  
ARCADIA, FL 34265 US

## New Mailing Address:

FEI Number: 59-3618030

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

IGLER & DOUGHERTY PA  
1501 PARK AVE EAST  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WILSON, BRADLEY L  
Address: 119 PALMETTO CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D ( ) Delete  
Name: BACKER, PATRICIA M  
Address: 3990 NORTHEAST ASHLEY TERRACE  
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete  
Name: CREWS, J. W. JR.  
Address: 106 EAST MAIN STREET  
City-St-Zip: WAUCHULA, FL 33873

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA M. BACKER

D

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date