


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90018 021 ***150.00

DOCUMENT # S46217 1. Entity Name 1-800-CAR-CASH, INC.																													
Principal Place of Business 8 BAYVIEW LANE OSPREY, FL 34229 US			Mailing Address P.O. BOX 868 OSPREY, FL 34229 US																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 49586																											
City & State		City & State Sarasota Florida		4. FEI Number 65-0411663																									
Zip 34230		Country USA.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent KAPLAN, MARVIN 7697 COYE TERRACE SARASOTA, FL 34231				7. Name and Address of New Registered Agent Name: Marvin Kaplan Street Address (P.O. Box Number is Not Acceptable): 50 Central Ave. Unit 17B. City: Sarasota FL Zip Code: 34236																									
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: <u>Marvin Kaplan</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>3/16/05</u>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D KAPLAN, MARVIN A</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>7697 COYE TERRACE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>SARASOTA, FL 34231</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	D KAPLAN, MARVIN A	<input type="checkbox"/> Delete	NAME	7697 COYE TERRACE		STREET ADDRESS	SARASOTA, FL 34231		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P Marvin Kaplan</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>P.O. Box 49586</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Sarasota, FL 34230</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	P Marvin Kaplan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	P.O. Box 49586		STREET ADDRESS	Sarasota, FL 34230		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: <u>Marvin Kaplan</u> DATE: <u>3/16/05</u> DAYTIME PHONE: <u>941-587-9000</u>																													