2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S85873

FILED Mar 29, 2004 Secretary of State

Entity Name: PAWN EMPORIUM INC.

Current Principal Place of Business:			New Principal Place of Business:			
330 103R JACKSON	D ST VILLE, FL 32210	US				
Current Mailing Address:		New Mailing Address:				
330 103R ACKSON	D ST VILLE, FL 32210	US				
El Number:	59-3089392 F	El Number Applied For()	FEI Number Not Appli	icable ()	Certificate of Status Desire	ed ()
lame and	Address of Curr	ent Registered Agent:	Name and	Address of	New Registered Agent:	
YNN, E. N 3330 103R		US				
ACKSON'	VILLE, FL 32210	03				
he above	·		purpose of changing it	ts registered	l office or registered agent,	or both,
Γhe above	named entity sub e of Florida. RE:	mits this statement for the		ts registered	l office or registered agent,	or both,
he above the State	named entity sub e of Florida. RE:			ts registered	I office or registered agent, Date	or both,
The above in the State	named entity sub e of Florida. RE: Electronic S	mits this statement for the		ts registered		or both,
The above n the State BIGNATUF	named entity sub e of Florida. RE: Electronic S	mits this statement for the Signature of Registered Agust Fund Contribution ().	ent			
The above in the State BIGNATUR	named entity sub e of Florida. RE: Electronic S npaign Financing Tre	mits this statement for the Signature of Registered Agust Fund Contribution (). RS: ete	ent	S/CHANGE	Date	
The above in the State SIGNATUR SIECTION Can DFFICERS Title: lame: ddress:	named entity sub e of Florida. RE: Electronic S mpaign Financing Tru S AND DIRECTOR P () Del LYNN, E. MICHAEL 9665 TRENDLE LAR	mits this statement for the Signature of Registered Agust Fund Contribution (). RS: ete	ent ADDITION Title: Name: Address:	S/CHANGE VP SCOTT, DOL 8624 MARIET	Date S TO OFFICERS AND DI	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: E. MICHAEL LYNN P 03/29/2004