## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S85873

Entity Name: PAWN EMPORIUM INC.

FILED Mar 04, 2005 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

6330 103RD ST

JACKSONVILLE, FL 32210 US

**Current Mailing Address: New Mailing Address:** 

1025 PARK AVENUE 6330 103RD ST

JACKSONVILLE, FL 32210 US ORANGE PARK, FL 32073 US

FEI Number: 59-3089392 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LYNN, E. MICHAEL LYNN, E. MICHAEL 1025 PARK AVE 6330 103RD ST

JACKSONVILLE, FL 32210 ORANGE PARK, FL 32073 US US

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: 03/04/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

PONTE VEDRA BEACH, FL 32082

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

JACKSONVILLE, FL 32250

Title: ( ) Delete Title: (X) Change ( ) Addition

LYNN, E. MICHAEL, LYNN, EARLIE M Name: Name:

9665 TRENDLE LANE 3589 SHINNECOCK LANE Address: Address:

City-St-Zip: JACKSONVILLE, FL City-St-Zip: GREEN COVE SPRINGS, FL 32043 80

Title: VΡ Title: () Change () Addition ( ) Delete

Name: SCOTT, DOLORES A MRS. Name: 8624 MARIETTA MEADOWS DR. Address: Address: JACKSONVILLE, FL 32220 City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition VΡ ( ) Delete

LYNN, BRIAN K Name: LYNN, BRIAN K Name: 605 BOARDWALK DR. #323 Address: 14181-4 BEACH BLVD. Address: City-St-Zip:

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.

City-St-Zip:

VΡ SIGNATURE: DOLORES A. SCOTT 03/04/2005