

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S85873

Entity Name: PAWN EMPORIUM INC.

FILED  
Mar 26, 2007  
Secretary of State

**Current Principal Place of Business:**

1345 PARK AVENUE  
ORANGE PARK, FL 32073 US

**New Principal Place of Business:**

**Current Mailing Address:**

1345 PARK AVENUE  
ORANGE PARK, FL 32073 US

**New Mailing Address:**

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

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

LYNN, EARLIE M  
3589 SHINNECOCK LANE  
GREEN COVE SPRINGS, FL 32043 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: LYNN, EARLIE M  
Address: 3589 SHINNECOCK LANE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 80

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

Title: P ( ) Delete  
Name: LYNN, BRIAN K  
Address: 1345 PARK AVENUE  
City-St-Zip: ORANGE PARK, FL 32073

**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 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: DOLORES A. SCOTT

VP

03/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date