

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # S97700		
1. Entity Name <b>BIG CASH PAWN, INC.</b>		

Principal Place of Business  
**276 BLANDING BLVD  
ORANGE PARK, FL 32073 US**

Mailing Address  
**276 BLANDING BLVD  
ORANGE PARK, FL 32073 US**

**2. Principal Place of Business - No P.O. Box #**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

04202007 Chg-P CR2E034 (12/06)

**4. FEI Number**

**76-0229000-65-0298100**

Applied For  
Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WILLIAMSON, BILL P.  
276 BLANDING BLVD.  
STE 2000  
ORANGE PARK, FL 32073**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.**  **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>WILLIAMSON, BILL P 276 BLANDING BLVD ORANGE PARK, FL 32073</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-20-07 904 276-4840**

Date

Daytime Phone #