
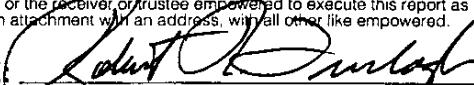


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V09790 1. Entity Name ACTION PAWN BROKER OF TALLAHASSEE, INC.					
Principal Place of Business 926 W. THARPE ST STORE #1 TALLAHASSEE, FL 32303 US			Mailing Address 926 W. THARPE ST STORE #1 TALLAHASSEE, FL 32303 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 228 Roschill Dr N Suite, Apt. #, etc.			
City & State Tallahassee, FLA.		City & State Tallahassee, FLA.		4. FEI Number 59-3111268	
Zip 32312		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				07282008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent FURLOUGH, ROBERT 926 W. THARPE ST #1 TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FURLOUGH, ROBERT R 926-1 WEST THARPE ST. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FURLOUGH, STANLEY J 926-1 WEST THARPE ST. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FURLOUGH, LOUISE J 926-1 WEST THARPE ST. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 500134554365 08/18/08--01057--013 **150.00		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert R. Furlough			Date 8/4/08 Daytime Phone # 850-668-7228		

FILED

08 AUG '08 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07282008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3111268

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

Name

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

City

Zip Code

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
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
FURLOUGH, ROBERT R
926-1 WEST THARPE ST.
TALLAHASSEE, FL 32303

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
FURLOUGH, STANLEY J
926-1 WEST THARPE ST.
TALLAHASSEE, FL 32303

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
FURLOUGH, LOUISE J
926-1 WEST THARPE ST.
TALLAHASSEE, FL 32303

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

(Empty)

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

(Empty)

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

(Empty)

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

(Empty)

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

(Empty)

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

(Empty)

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

(Empty)

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

(Empty)

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

(Empty)

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

(Empty)

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

(Empty)

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

(Empty)

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

(Empty)

☐ Delete