


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000002027
1. Entity Name
MEMO MONEY ORDER COMPANY



Principal Place of Business
1029 MUMMA ROAD
WORMLEYSBURG, PA 17043

Mailing Address
1029 MUMMA ROAD
WORMLEYSBURG, PA 17043



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1602585

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

1100000346939
04/30/05-80095-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCCORKLE, DAVID L
STREET ADDRESS	1029 MUMMA ROAD
CITY - ST - ZIP	WORMLEYSBURG, PA 17043
TITLE	VD
NAME	BUTLER, TANYA
STREET ADDRESS	1029 MUMMA ROAD
CITY - ST - ZIP	WORMLEYSBURG, PA 17043
TITLE	STD
NAME	WILBERT, KAREN
STREET ADDRESS	1029 MUMMA RD.
CITY - ST - ZIP	WORMLEYSBURG, DA 17043
TITLE	D
NAME	LEYER, HANS
STREET ADDRESS	1029 MUMMA ROAD
CITY - ST - ZIP	WORMLEYSBURG, PA 17043
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Tanya Butler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05
Date

Daytime Phone #