


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000002027  
1. Entity Name  
MEMO MONEY ORDER COMPANY



Principal Place of Business      Mailing Address  
1029 MUMMA ROAD      1029 MUMMA ROAD  
WORMLEYSBURG, PA 17043      WORMLEYSBURG, PA 17043

**DO NOT WRITE IN THIS SPACE**



04072006      No Chg-P      CR2E034 (11/05)

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

04/27/06-80052-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCORKLE, DAVID L 1029 MUMMA ROAD WORMLEYSBURG, PA 17043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUTLER, TANYA 1029 MUMMA ROAD WORMLEYSBURG, PA 17043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILBERT, KAREN 1029 MUMMA RD. WORMLEYSBURG, DA 17043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEYER, HANS 1029 MUMMA ROAD 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 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: Tanya Butler      Tanya Butler      4/12/2006      717-760-590a

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #