


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State


DOCUMENT # F01000002027

1. Entity Name
MEMO MONEY ORDER COMPANY, INC.



Principal Place of Business 1029 MUMMA ROAD WORMLEYSBURG, PA 17043	Mailing Address 1029 MUMMA ROAD WORMLEYSBURG, PA 17043
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DO NOT WRITE IN THIS SPACE



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number 25-1602585	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

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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, 2007 Fee will be \$550.00

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

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	

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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: Tanya Butler _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR