

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004325

FILED  
Feb 05, 2007  
Secretary of State

Entity Name: CHECKPOINT MAILERS, INCORPORATED

**Current Principal Place of Business:**

860 SALISBURY ST. STE. D, TOP FLOOR  
KERNERSVILLE, NC 27284

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 389  
KERNERSVILLE, NC 272850389

**New Mailing Address:**

FEI Number: 45-0502173      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TEMPEST, LISA  
11120 SUNUP LANE  
ORLANDO, FL 32825      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: LOWRY, HEATHER C  
Address: 15723 BERRYFIELD ST.  
City-St-Zip: HUNTERSVILLE, NC 28078

Title: VST ( ) Delete  
Name: ANDERSON, SHERRY L  
Address: 677 DOE RUN DR.  
City-St-Zip: KERNERSVILLE, NC 27284

Title: D ( ) Delete  
Name: ANDERSON, JUDITH C  
Address: 10861 LA SALINAS CIRCLE  
City-St-Zip: BOCA RATON, FL 33428

Title: D ( ) Delete  
Name: ROSCHE, TERRY  
Address: 4 DAVID DR.  
City-St-Zip: ROYERSFORD, PA 19468

Title: D ( ) Delete  
Name: SPEAR, DEBORAH K  
Address: 7060 HWY 94  
City-St-Zip: COLUMBIA, NC 27925

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY ANDERSON

VP

02/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date