2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2005 08:00 AM Secretary of State

ANNUAL KEPUKI				Secretary of State			
DOCUMENT # P01000024533 1. Entity Name CHECKERBOARD ACRES, INC.				Se	ecret	ary of Stat	
Principal Place of Business 10152 W INDIANTOWN ROAD #PMB 175 JUPITER, FL 33478	Mailing Address 10152 W INDIANTOWN ROAD # JUPITER, FL 33478	#PMB 175	 	 		11 61 1 622 5 8 111 63 2111 62 27 2 16 1	
DO NOT WRITE IN THIS SPA		CE	03212005 4. FEI Numb 65-108	No Chg-P Der 32134	CR2E	034 (10/03) Applied For Not Applicable \$8.75 Additional	
	·		5. Certificate	e of Status Desired		Fee Required	
6. Name and Address of Current Registered Agent BROWN, DEBORA V.P. 10152 W INDIANTOWN ROAD #PMB 175 JUPITER, FL 33478 8. The above named entity submits this statement for the purpose of changing its register. the obligations of registered agent.		ed office or register	IN .	NOT W	PACE	desirent des	
SIGNATURE Signature: typed or printed name of registered agent an FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Finan		00 May Beed to Fees		DATE		
O. OFFICERS AND DIRECTORS TLE PD BROWN, CHARLES R TREET ADDRESS TY-ST-ZIP JUPITER, FL 33478 TLE MME REET ADDRESS TY-ST-ZIP TY-ST-ZIP				U0000 04/21/05	1032011 3-80025	6 -005 150.00	
TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE							

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-18-05 561-746-0433