


FILED
Mar 02, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 539447		
1. Entity Name CHECKTRAC, INC.		
Principal Place of Business 2933 SOUTH FLORIDA AVE., SUITE #4 LAKELAND, FL 33803	Mailing Address 2933 SOUTH FLORIDA AVE., SUITE #4 LAKELAND, FL 33803	
DO NOT WRITE IN THIS SPACE		
02242005 No Chg-P CR2E034 (10/03)		
4. FEI Number 59-1747065		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		
SCHARAR, TOM E 2933 SOUTH FLORIDA AVE., SUITE #4 LAKELAND, FL 33803		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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHARAR, TOM E 2933 SOUTH FLORIDA AVE., SUITE #4 LAKELAND, FL 33803	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SARGEANT, RALPH 2933 SOUTH FLORIDA AVE., SUITE #4 LAKELAND, FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, ANDREW III 2933 SOUTH FLORIDA AVE., SUITE #4 LAKELAND, FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCHARAR, DAPHNE 2933 SOUTH FLORIDA AVE., SUITE #4 LAKELAND, FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Tom E. Scharar</u>		Date: <u>2-24-5</u> Daytime Phone #: <u>863-687-4663</u>