FILED
Feb 24, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 539447

1. Entity Name
CHECKTRAC, INC.

Principal Place of Business	Mailing Address
2933 SOUTH FLORIDA AVE., SUITE #4 LAKELAND, FL 33803	2933 SOUTH FLORIDA AVE., SUITE #4 LAKELAND, FL 33803

DO NOT WRITE IN THIS SPACE

02012006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1747065

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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6. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHARAR, TOM E
STREET ADDRESS	2933 SOUTH FLORIDA AVE., SUITE #4
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	ST
NAME	SARGEANT, RALPH
STREET ADDRESS	2933 SOUTH FLORIDA AVE., SUITE #4
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	D
NAME	HALL, ANDREW III
STREET ADDRESS	2933 SOUTH FLORIDA AVE., SUITE #4
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	AS
NAME	SCHARAR, DAPHNE
STREET ADDRESS	2933 SOUTH FLORIDA AVE., SUITE #4
CITY-ST-ZIP	LAKELAND, FL 33803
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: /s/ Tom E Scharar 2-22-6 /s/ 863-687-4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #