

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90208 024 ***158.75

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**

40003400



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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, 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	PD
NAME	SCHARAR, TOM E
STREET ADDRESS	2933 SOUTH FLORIDA AVE., SUITE #4
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	ST T D
NAME	SARGEANT, RALPH
STREET ADDRESS	2933 SOUTH FLORIDA AVE., SUITE #4
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	D S
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	

**DO NOT WRITE
IN THIS SPACE**

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: Daphne A Scharar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAPHNE A SCHARAR

4/12/07 863 6874663
Date Daytime Phone #