

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H98633

FILED  
Mar 15, 2011  
Secretary of State

Entity Name: ANY KIND - CHECKS CASHED, INCORPORATED

**Current Principal Place of Business:**

1116 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH, FL 33411 US

**New Principal Place of Business:**

**Current Mailing Address:**

1116 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH, FL 33411 US

**New Mailing Address:**

FEI Number: 59-2637217

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SEASE, WALLACE C  
1116 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH, FL 33411 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

**OFFICERS AND DIRECTORS:**

Title: DVP  
Name: SAMPERI, SHAWN D  
Address: 1116 ROYAL PALM BEACH BLVD  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: ST  
Name: SEASE, GLORIA  
Address: 8510 WHISPERING OAKS WAY  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: DP  
Name: SEASE, WALLACE C  
Address: 8510 WHISPERING OAK WAY  
City-St-Zip: W. PALM BCH, FL 33411

Title: DVP  
Name: SEASE, WALLACE M  
Address: 1212 RANCHETTE ROAD  
City-St-Zip: WEST PALM BEACH, FL 33411

I hereby 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 all other like empowered.

SIGNATURE: SHAWN SAMPERI

VP

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date