

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # J09406 1. Entity Name RECORD CHECK, INC.	
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Principal Place of Business P.O. BOX 2108 ORLANDO, FL 32802-2108	Mailing Address P.O. BOX 2108 ORLANDO, FL 32802-2108
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DO NOT WRITE IN THIS SPACE



02222008 No Chg-P CR2E034 (11/05)

4. FCI Number 59-2657262	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CUNNINGHAM, THOMAS W. 3580 EMERYWOOD LANE ORLANDO, FL 32812	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or pressed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resetting) DATE _____

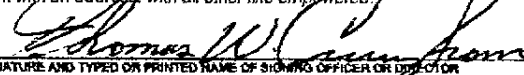
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CUNNINGHAM, THOMAS W. 3580 EMERYWOOD LANE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUNNINGHAM, PENNY H. 3580 EMERYWOOD LN. ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASSICK, SANDRA C 2520 WOODCOTE TERRACE PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLISON, DEBORAH C 4101 TERRWOOD AVE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000486200
04/13/06-80027-022 150.00

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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:  **3/27/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

THOMAS W. CUNNINGHAM, PRESIDENT