

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90012 035 ***150.00

DOCUMENT # J09406

1. Entity Name
RECORD CHECK, INC.



Principal Place of Business
**P.O. BOX 2108
ORLANDO, FL 32802-2108**

Mailing Address
**P.O. BOX 2108
ORLANDO, FL 32802-2108**



02172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2657262	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

**CUNNINGHAM, THOMAS W.
3580 EMERYWOOD LANE
ORLANDO, FL 32812**

**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 re-registering) 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 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 TERIWOOD AVE ORLANDO, FL 32812
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:

Thomas W. Cunningham
THOMAS W. CUNNINGHAM, PRESIDENT

3/5/07 407 859 6428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #