

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K37418

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: MR. CHECK CASHIER, INC.

## Current Principal Place of Business:

11923 S.R. 574  
SEFFNER, FL 33584 US

## New Principal Place of Business:

11923 DR MARTIN L KING JR BLVD  
SEFFNER, FL 33584 US

## Current Mailing Address:

% MICHAEL CASAGRANDE  
2803 FOUNTAIN BLVD.  
TAMPA, FL 33609

## New Mailing Address:

% MICHAEL CASAGRANDE  
11923 DR MARTIN LUTHER KING JR BLVD  
SEFFNER, FL 33584

FEI Number: 59-2912964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASAGRANDE, MICHAEL  
11923 SR 574  
SEFFNER, FL 33584 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CASAGRANDE, PIERRE,  
Address: 118 PHILLIPS DR  
City-St-Zip: SEFFNER, FL

Title: D ( ) Delete  
Name: CASAGRANDE, MICHAEL,  
Address: 2803 FOUNTAIN BLVD.  
City-St-Zip: TAMPA, FL

Title: T ( ) Delete  
Name: CASAGRANDE, JOSETTE,  
Address: 118 PHILLIPS DR  
City-St-Zip: SEFFNER, FL

Title: S ( ) Delete  
Name: DE LA FUENTE, ANNE  
Address: 4022 LAKE DR  
City-St-Zip: SEFFNER, FL 33584

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CASAGRANDE, PIERRE  
Address: 11910 PARK AVE  
City-St-Zip: SEFFNER, FL 33584

Title: D (X) Change ( ) Addition  
Name: CASAGRANDE, MICHAEL  
Address: 2803 FOUNTAIN BLVD.  
City-St-Zip: TAMPA, FL 33609

Title: T (X) Change ( ) Addition  
Name: CASAGRANDE, JOSETTE  
Address: 11910 PARK AVE  
City-St-Zip: SEFFNER, FL 33584

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL CASAGRANDE

D

01/08/2007

Electronic Signature of Signing Officer or Director

Date