2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90017 013 ****50.00

DOCUMENT # L02000004711

1. Entity Name
CHECK POWER, LLC

Principal Place of Business	Mailing Address
2202 N WESTSHORE BLVD STE 203 TAMPA, FL 33607	2202 N WESTSHORE BLVD STE 203 TAMPA, FL 33607

04262004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1241 O.G. Skinner Drive	P.O Box 510
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Point, GA	City & State: West Point GA
Zip: 31833 Country: U.S	Zip: 31833 Country: U.S

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROOKS, JASON 210 S. MOODY AVE. SUITE 4 TAMPA, FL 33609	Name: CT Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road City: Plantation FL Zip Code: 33324

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: Joan Bolden JOAN BOLDEN ASSISTANT SECRETARY 4/30/04
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent must manually sign) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BROOKS, JASON 2202 N WESTSHORE BLVD STE 203 TAMPA, FL 33607	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO Campbell B. Lanier, III 1601 Tanyard Road Lanett, AL 368863	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President William H. Scott, III 208 N. 18th Street Lanett, AL 368863	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO Timothy B. Knight 1504 Ferndale Dr. Auburn, AL 36832	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4-30-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #