

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90373 018 \*\*\*150.00

**DOCUMENT # P00000117536**

1. Entity Name  
**INTEGRITY CHECK SERVICES**



Principal Place of Business  
**10465 WELLINGTON SPRINGS WAY  
SPRINGS WAY  
JACKSONVILLE, FL 32221**

Mailing Address  
**PO BOX 6265  
JACKSONVILLE, FL 32236**

**14004733**



2. Principal Place of Business  
**1225 W. Beaver St**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082004 Chg-P CR2E034 (10/03)

City & State  
**Jacksonville FL**

City & State

4. FEI Number  
**59-3686401**

Applied For  
Not Applicable

Zip  
**32204**

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DRUMMOND, ROBERT L  
10465 WELLINGTON SPRINGS WAY  
JACKSONVILLE, FL 32221**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DRUMMOND, ROBERT L</b>	
STREET ADDRESS	<b>10465 WELLINGTON SPRINGS WAY</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32221</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WILLIAMS, PHYLLIS E</b>	
STREET ADDRESS	<b>1220 GORHAM DR</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32226</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ronald D. Armatton</b>	
STREET ADDRESS	<b>5213 Clarendon Rd</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32205</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: **Robert L. Drummond**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 19, 2004**  
Date Daytime Phone #