

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90053 001 ***317.50

DOCUMENT # P01000006533

1. Entity Name
CHECKERCO, INC.



Principal Place of Business
**4300 WEST CYPRESS STREET
SUITE 600
TAMPA, FL 33607**

Mailing Address
**4300 WEST CYPRESS STREET
SUITE 600
TAMPA, FL 33607**

66000205

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01162008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3699420

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent
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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIROIS, KEITH E 4300 W. CYPRESS ST., #600 TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Enrique "Rick" Silva <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4300 W. Cypress St. Ste 601 Tampa, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DOSTER, BRIAN R 4300 W. CYPRESS ST., #600 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Todd Lindsey <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4300 W. Cypress Ste 600 Tampa, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCDUGALD, JANETTE 4300 W. CYPRESS ST., #600 TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP Terri Snyder <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4300 W. Cypress St. Ste600 Tampa, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP TURER, RICHARD S 4300 W. CYPRESS ST., #600 TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP Wendy Harkness <input type="checkbox"/> Change <input type="checkbox"/> Addition Sr. Vice President 4300 W. Cypress St. Suite 600 Tampa, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP NOYES, ADAM P 4300 W. CYPRESS ST., #600 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP LEVONDOSKY, RONALD 4300 W. CYPRESS ST., #600 TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions con-
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: Brian R. Doster **Brian R. Doster**
SR. Vice President and General Counsel 1/16/08 813-283-7064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #