


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 16, 2004 08:00 AM  
Secretary of State

DOCUMENT # P01000107024	
1. Entity Name CHECKLIST, INC.	

Principal Place of Business 2298 NW BOCA RATON BLVD. SUITE 14 BOCA RATON, FL 33431	Mailing Address 2298 NW BOCA RATON BLVD. SUITE 14 BOCA RATON, FL 33431
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04072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1155848	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MALLOCH, GARY N 2298 NW BOCA RATON BLVD. STE. 14 BOCA RATON, FL 33431
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**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

Signature, typed corporate name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

*April 13, 2004*

**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**

11000000116000  
04/16/04-80047-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MALLOCH, GARY N 6735 CASA GRANDE WAY DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SNYDER, WILLIAM L 19058 POINT DR. TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUDNYK, EDWARD 6641 PAXSON RD. SOLEBURY, PA 18967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(f), 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:

*Gary N. Malloch* GARY N. MALLOCH President

4/13/04

561 620-7859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #