

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90188 043 \*\*\*150.00

**DOCUMENT # P01000108464**

1. Entity Name  
**CHECK PLUS PRODUCTIONZ CORP.**



Principal Place of Business  
**360 WEST COMSTOCK AVE  
WINTER PARK, FL 32789**

Mailing Address  
**360 WEST COMSTOCK AVE  
WINTER PARK, FL 32789**

2. Principal Place of Business

**7811 PURITAN RD**  
Suite, Apt. #, etc.

3. Mailing Address

**7811 PURITAN RD**  
Suite, Apt. #, etc.



04292004 Chg-P CR2E034 (10/03)

City & State  
**ORLANDO FL**

City & State  
**ORLANDO FL**

4. FEI Number  
**75-3011872**

Applied For  
Not Applicable

Zip  
**32807**

Country  
**U.S.A.**

Zip  
**32807**

Country  
**U.S.A.**

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

6. Name and Address of Current Registered Agent

**CHRIS, CUCCI**  
**360 WEST COMSTOCK AVE**  
**WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name  
**DAVID M TANGREDI**  
Street Address (P.O. Box Number is Not Acceptable)  
**7811 PURITAN RD**

City  
**ORLANDO FL** Zip Code  
**32807**

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/04**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**TANGREDI, DAVID M**  
**12082 DIOGENES CT**  
**ORLANDO, FL 32826** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VR**  
**CUCCI, CHRIS**  
**360 WEST COMSTOCK AVE**  
**WINTER PARK, FL 32789** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**TANGREDI, DANIEL P**  
**7922 SHOALS DR APT D**  
**ORLANDO, FL 32817** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT**  
**TANGREDI, DAVID M**  
**7811 PURITAN RD**  
**ORLANDO, FL 32807** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE PRESIDENT**  
**TANGREDI, DANIEL P**  
**7922 SHOALS DR APT. D**  
**ORLANDO, FL 32817** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/04**

Date

Daytime Phone #

**301-412-8261**