

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 12, 2004 08:00 AM  
Secretary of State

DOCUMENT # P03000043136

1. Entity Name

TRIPLECHECK, INC.



Principal Place of Business

7601 E. TREASURE DR. SUITE 15  
NORTH BAY VILLAGE FL 33141

Mailing Address

% VERONICA HAWTHORNE  
342 LAKE JUNE ROAD  
LAKE PLACID FL 33852

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0515111

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

SCHOOLEY, JAMES P ESQ  
1635 N. BAYSHORE DR. # 104  
MIAMI FL 33132-1215

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME HAWTHORNE, BRIAN  
STREET ADDRESS 7601 E. TREASURE DR. SUITE 15  
CITY-ST-ZIP NORTH BAY VILLAGE FL 33141

☐ Delete

TITLE VP  
NAME HAWTHORNE, STEPHEN  
STREET ADDRESS 342 LAKE JUNE ROAD  
CITY-ST-ZIP LAKE PLACID FL 33852

☐ Delete

TITLE SEC  
NAME HAWTHORNE, VERONICA  
STREET ADDRESS 342 LAKE JUNE ROAD  
CITY-ST-ZIP LAKE PLACID FL 33852

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

U00000048922  
02/13/04-80002-025 150.00

TITLE  
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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 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: *Veronica L Hawthorne* Veronica L Hawthorne 2/19/04 863-465-9999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #