

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 26, 2005 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



01172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
03-0515111

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**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 Schooley, James P. ESQ

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

(NOTE: Registered Agent signature required when reinstating)

1/22/05  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000197018  
01/26/05-80094-005 150.00

**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

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

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

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)(l), 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 1/22/05 863-465-9999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #