


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000082712**


1. Entity Name  
**THE CHECK CENTER, INC.**



Principal Place of Business  
**1606 E GONZALEZ ST STE 101  
 PENSACOLA, FL 32501**

Mailing Address  
**1606 E GONZALEZ ST STE 101  
 PENSACOLA, FL 32501**

**DO NOT WRITE IN THIS SPACE**



02152008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**51-0476549** Applied For  
 Not Applicable

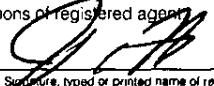
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI, FL 33145**

**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:  DATE: **1/4/08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

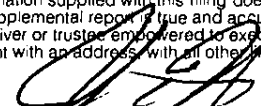
10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WINSKI, JOHN
STREET ADDRESS	1606 E GONZALEZ ST STE 101
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	VP
NAME	GONZALEZ, WIL
STREET ADDRESS	12754 STELLAR LANE
CITY-ST-ZIP	PLAINFIELD, FL 60585
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000982351  
 04/16/08-90036-012 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: **2/4/08** DAYTIME PHONE #: **8504694680**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR