

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000043746

1. Entity Name
CHECKER CUSTOM CYCLES, INC.



FILED
Jun 12, 2006 8:00 am
Secretary of State

05-02-2006 90428 013 ***158.75

Principal Place of Business Mailing Address
1516 SW 12TH STREET 1516 SW 12TH STREET
OCALA, FL 34474 Ocala, FL 34474

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

01192006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2596874 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BURTTRAM, WILLIAM DAVID JR
1516 SW 12TH STREET
OCALA, FL 34474

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☒ Addition
STREET ADDRESS			STREET ADDRESS	William D. Burttram, Jr.	
CITY - ST - ZIP			CITY - ST - ZIP	9151 NE 12th Court	
				Ocala, FL 34479	
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☒ Addition
STREET ADDRESS			STREET ADDRESS	Samantha Waldron	
CITY - ST - ZIP			CITY - ST - ZIP	8900 NE 20th Terrace	
				Anthony, FL 32617	
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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: Samantha Waldron Samantha Waldron 5-1-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #