

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90015 011 \*\*\*158.75

**DOCUMENT # P06000048183**

1. Entity Name

CHEK-H, INC.



Principal Place of Business

3121 RUFUS ROAD  
NORTH PORT FL 34288

Mailing Address

3121 RUFUS ROAD  
NORTH PORT FL 34288

2. Principal Place of Business - No P.O. Box #

1809 Englewood Rd

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Englewood FL

City & State

4. FEI Number

20 467 0712

Applied For

Not Applicable

Zip

34223

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/06)



6. Name and Address of Current Registered Agent

HARRINGTON, KEVIN M  
3121 RUFUS ROAD  
NORTH PORT FL 34288

7. Name and Address of New Registered Agent

Name

Cecile A. Harrington

Street Address (P.O. Box Number is Not Acceptable)

3121 Rufus Rd

City

North Port

FL

Zip Code

34288

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

*Cecile A. Harrington*

Cecile A. Harrington

2-20-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
HARRINGTON, KEVIN M  
3121 RUFUS ROAD  
NORTH PORT FL 34288 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
HARRINGTON, CECILE A  
3121 RUFUS ROAD  
NORTH PORT FL 34288 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Cecile A. Harrington*

Cecile A. Harrington 2-20-07

941 473

3986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #