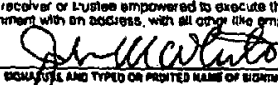


FILED
Jun 18, 2007 8:00 am
Secretary of State

05-02-2007 90087 041 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000080352					
1. Entity Name CHECKFIRST INSPECTION SERVICES, INC.					
Principal Place of Business 313 RIVERSIDE DRIVE WAUCHULA, FL 33873 US			Mailing Address 313 RIVERSIDE DRIVE WAUCHULA, FL 33873 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-5022313			Applied For Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WHITE, JOHN M 313 RIVERSIDE DRIVE WAUCHULA, FL 33873			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			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 date is acceptable. (NOTE: Registered Agent signature required when amending) DATE _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	P	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
NAME		WHITE, JOHN M	313 RIVERSIDE DRIVE	WAUCHULA, FL 33873	
TITLE	VP	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
NAME		HILDRETH, CURTIS	313 RIVERSIDE DRIVE	WAUCHULA, FL 33873	
TITLE	SEC	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
NAME		WHITE, JOHN M	313 RIVERSIDE DRIVE	WAUCHULA, FL 33873	
TITLE		NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
NAME					
TITLE		NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
NAME					
TITLE		NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
NAME					
TITLE		NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
NAME					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition
NAME					
TITLE		NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition
NAME					
TITLE		NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition
NAME					
TITLE		NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition
NAME					
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:  4/22/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					