



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 17 AM 7:54

DOCUMENT # P07000053255					
1. Entity Name CHECKS & BALANCES SERVICES, INC.					
Principal Place of Business 1768 SEAFAN CIRCLE N FT MYERS, FL 33903 US			Mailing Address PO BOX 100445 CAPE CORAL, FL 33910 US		
2. Principal Place of Business - No P.O. Box # 1700 ST. CLAIR AVE Suite, Apt. #, etc.		3. Mailing Address 1700 ST. CLAIR AVE Suite, Apt. #, etc.			
City & State NORTH FT. MYERS, FL		City & State NORTH FT MYERS, FL		4. FEI Number 05122008 Chg-P CR2E034 (12/06)	
Zip 33903		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LINTON, CATHERINE L 1768 SEAFAN CIRCLE N FT MYERS, FL 33903			7. Name and Address of New Registered Agent Name: CATHERINE L LINTON Street Address (P.O. Box Number is Not Acceptable): 1700 ST CLAIR AVE City: N FT MYERS FL Zip Code: 33903		
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: <i>Catherine Linton</i> DATE: 9-12-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LINTON, CATHERINE L 1768 SEAFAN CIRCLE N FT MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1700 ST. CLAIR AVE N. FT. MYERS, FL 33903		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LINTON, BRETT J 1768 SEAFAN CIRCLE N FT MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1700 ST. CLAIR AVE N. FT. MYERS, FL 33903		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400136160794 09/19/08--01049--002 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TS 9/18/08</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Catherine Linton</i>		Date: 9-12-08		Daytime Phone #: 239-245-3518	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	