## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANIOAL ILL VIVI	
DOCUMENT # P07000053255  1. Entity Name CHECK\$ & BALANCE\$ SERVICE\$, INC.	SECRETARY OF STATE DIVISION OF CORPORATIONS  08 SEP 17 AM 7: 54
Principal Place of Puninger	
Principal Place of Business Mailing Address 1768 SEAFAN CIRCLE PO BOX 100445 N FT MYERS, FL 33903 US CAPE CORAL, FL 33910 U	
2 District Class of District No CO Day of	
2. Principal Place of Business - No P.O. Box #AVE 3. Mailing Address 1700 ST. CLAIR AVE 3. Wille, Apt. #, etc.	IR AVE
Sund, Apr. 11, Std.	05122008 Chg-P CR2E034 (12/06)
NORTH FT. MYERS, FL NORTH FT MYE	Applied For Not Applicable
33903 Country 33903 Country	5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LINTON, CATHERINE L 1768 SEAFAN CIRCLE N FT MYERS, FL 33903	Street Address (P.O. gox Number is Nat Acceptable) VE
	City A) FT MUDOS FL Zip Code A 3
8. The above named entity submits this statement for the purpose of changing its register	red office or registered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	0 12 70
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	
FILE NOW!!! FEE IS \$150.00  Due by September 12, 2008  9. Election Campaign Fina Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS 11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P Delete TITL	
NAME LINTON, CATHÉRINE L STREET ADDRESS 1768 SEAFAN CIRCLE STR	RET ADDRESS 1700 ST. CLAIR AVE
[ · · · · · · · · · · · · · · · · · · ·	Y-ST-ZIP NIFT, MYERS, FL 33903
INTLE VP Delete TITE	.E Y Change Addition
NAME LINTON, BRETT J NAM STREET ADDRESS 1768 SEAFAN CIRCLE STR	RET ADDRESS 1700 ST. CLAIR AVE
	Y-ST-ZIP N. F.T. MYERS, FL 3390>
TITLE Delete TITL	
NAME NAME STREET ADDRESS STR	400136160794 09/19/0801049002 **150.00
<b>■</b>	V-ST-ZIP U.D/ 1.D/ 1.D/ 1.D/ 1.D/ 1.D/ 1.D/ 1.D/ 1
TITLE Delete TITL	E Change Addition
NAME NAME	
	EET ADDRESS Y-ST-ZIP
TITLE Delete TITL	3
NAME NAME STREET ADDRESS STR	ME LEET ADDRESS
	Y-ST-ZIP
TIFLE Delete TIFL	E Change Addition
NAME STREET ADDRESS NAME STR	ME LEET ADDRESS
	Y-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 eath; 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: COLLAND SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  9-12-08 239-245-35/8  Daytime Phone #	