

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90034 041 ***150.00

DOCUMENT # P07000084228

1. Entity Name

CHEKORN UNLIMITED, INC.



Principal Place of Business

6281 HUNTERS RIDGE DRIVE
MILTON FL 32570
US

Mailing Address

6281 HUNTERS RIDGE DRIVE
MILTON FL 32570
US

2. Principal Place of Business - No. & G. Box #

6281 Hunters Ridge Dr

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Milton FL

City & State

FL

Zip

32570

Country

Santa Rosa

Zip

Country

4. FEI Number

26-0582161

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

GRIFFIN, PEGGY A
6281 HUNTERS RIDGE DRIVE
MILTON FL 32570

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

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

After May 1, 2008 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 P. ☐ Delete
NAME GRIFFIN, PEGGY A
STREET ADDRESS 6281 HUNTERS RIDGE DRIVE
CITY-ST-ZIP MILTON FL 32570

TITLE SEC ☒ Delete
NAME VAUGHN, TRAVORIS
STREET ADDRESS 6281 HUNTERS RIDGE DRIVE
CITY-ST-ZIP MILTON FL 32570

TITLE TREA ☒ Delete
NAME VAUGHN, TRAVORIS
STREET ADDRESS 6281 HUNTERS RIDGE DRIVE
CITY-ST-ZIP MILTON FL 32570

TITLE DIR. ☐ Delete
NAME GRIFFIN, PEGGY A
STREET ADDRESS 6281 HUNTERS RIDGE DRIVE
CITY-ST-ZIP MILTON FL 32570

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE See ☒ Change ☐ Addition
NAME Griffin, Peggy A
STREET ADDRESS
CITY-ST-ZIP

TITLE Trea ☒ Change ☐ Addition
NAME Griffin, Peggy A
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/08