

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000007991

1. Entity Name

CHECKMATES III, INC.



FILED

Mar 12, 2005 08:00 AM
Secretary of State

Principal Place of Business
852 S BRAOD ST
BROOKSVILLE FL 34601
US

Mailing Address
253 S.E. HIGHWAY 19
CRYSTAL RIVER FL 34429



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3162387

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHAELS, THOMAS O
1370 PINEHURST ROAD
DUNEDIN FL 34698

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, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VT
NAME FARRIOR, ANNE
STREET ADDRESS 11930W. CREEKSIDE LN
CITY-ST-ZIP HOMOSASSA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME MICHAELS, MARGARET M
STREET ADDRESS 3056 OAK CREEK DR. N.
CITY-ST-ZIP CLEARWATER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME FARRIOR, JAMES T
STREET ADDRESS 11930 W. CREEKSIDE LN.
CITY-ST-ZIP HOMOSASSA FL

TITLE
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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

JIM FARRIOR

3-11-05

352.563 1322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #