

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000063139

Entity Name: INCHECK 44 INC.

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

510 W. MAIN ST.
INVERNESS, FL 34450 US

New Principal Place of Business:

Current Mailing Address:

253 SE HWY 19
CRYSTAL RIVER, FL 34429

New Mailing Address:

FEI Number: 59-3214798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAELS, THOMAS O
1370 PINEHURST RD.
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: FARRIOR, JAMES T.
Address: 11930 W. CREEKSIDE LN
City-St-Zip: HOMOSASSA, FL

Title: VS () Delete
Name: FARRIOR, ANNE M
Address: 11930 W. CREEKSIDE LN.
City-St-Zip: HOMOSASSA, FL

Title: D () Delete
Name: MCMULLEN, THOMAS W
Address: 624 SNUG ISLAND
City-St-Zip: CLEARWATER, FL 34630

Title: D () Delete
Name: MCMULLEN, JOHN L
Address: 303 EAST LEHIGH DR
City-St-Zip: CLEARWATER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FARRIOR, JAMES T.

PT

04/24/2009

Electronic Signature of Signing Officer or Director

Date