

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000063139

FILED  
Mar 21, 2012  
Secretary of State

Entity Name: INCHECK 44 INC.

**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

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JAMES T. FARRIOR

PT

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date