

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000017098

Entity Name
CHECKET CORPORATION



Principal Place of Business
**4701 N FEDERAL HWY
SUITE 450
LIGHTHOUSE POINT, FL 33064**

Mailing Address
**4701 N FEDERAL HWY
SUITE 450
LIGHTHOUSE POINT, FL 33064**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0478981

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WINTZ, LEO L
JIMPERSON FINANCIAL CENTER
4701 NORTH FEDERAL HIGHWAY #205
MCA RATON, FL 33432**

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IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000396729
01/30/06-80021-012 150.00**

OFFICERS AND DIRECTORS

**D
CHECKET, EVERETT S.
4701 N FEDERAL HWY SUITE 450
LIGHTHOUSE POINT, FL 33064**

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IN THIS SPACE**

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 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: *Everett S. Checket*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #