


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000033691	
1. Entity Name CHECKER LEASING, INC.	

Principal Place of Business 5201 GULF BLVD ST PETE BEACH FL 33706	Mailing Address PO BOX 66330 ST PETERSBURG FL 33736
--	--



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-3236557	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VALLEE, JERRY E 5201 GULF BLVD ST PETE BEACH FL 33706

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 _____ (NOTE: Registered Agent signature required when re-electing) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	NAME VALLEE, JERRY E	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS 9734-62 AVE. NO.	CITY-ST-ZIP SAINT PETERSBURG FL 33708	STREET ADDRESS	CITY-ST-ZIP UN00000458135 03/17/06-80033-014 150.00
TITLE VP <input type="checkbox"/> Delete	NAME VALLEE, CAROL B	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS 9734-62 AVE. NO.	CITY-ST-ZIP SAINT PETERSBURG FL 33708	STREET ADDRESS	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME NUCCI, JOHN A	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS 6728 9TH STREET NORTH	CITY-ST-ZIP ST. PETERSBURG FL 33702	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS	CITY-ST-ZIP	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: Jerry E. Vallee 3/1/06 727 360-9232